



**NATIONAL TRANSPORTATION SAFETY BOARD
OFFICE OF MARINE SAFETY
Washington, D.C. 20594**

**ENGINE CONTROL ROOM FIRE
M/V COLUMBIA**

HUMAN PERFORMANCE FACTUAL REPORT

August 28, 2001

A. ACCIDENT

Vessel: M/V Columbia
Operator: Alaska Marine Highway System
Date: 6 June 2000
Time¹: 1207 pm. (Approximately Noon)
Location: Chatham Strait, 30 Miles SW of Juneau, Alaska

B. HUMAN PERFORMANCE GROUP

Michael E. Jones
NTSB
Office of Marine Safety
202 314.6450
202 314.6454 Fax

Lt. Eric Bauer, USCG IO
MSO Juneau
2760 Sherwood Lane, Suite 2A
Juneau, AK 99801
907 463.2471
Email: ebauer@cgalaska.uscg.mil

¹ All times are accident local

1
2 J. Lynn Craddock-Melin
3 Port Captain, Vessel Operations
4 State of Alaska
5 Department of Transportation
6 and Public Facilities
7 Alaska Marine Highway System
8 3132 Channel Drive
9 Juneau, AK 99801-7898
10 907.465.8801/2
11 Email: Lynn_Melin@dot.state.ak.us
12
13

14 C. DETAILS OF THE INVESTIGATION
15

16 1. Post Accident Drug and Alcohol Testing
17

18 Drug and alcohol testing took place between 1800 and 2000 on 6 June 2000 (about 6
19 hours after the fire started). Thirteen (13) crew were tested while the Columbia was
20 under tow back to Juneau. Essential personnel to be tested included members of the on-
21 watch engine control room and the bridge watch.
22

23 AMHS policy at the time of the fire was that Alaska State troopers would conduct alcohol
24 testing when needed. Consequently, AMHS did not maintain alcohol-testing devices
25 onboard their vessels. As this incident occurred at sea, the Alaska State troopers were not
26 involved.
27

28 The US Coast Guard brought an ALCO-III breath alcohol sensor with them when they
29 boarded the Columbia. The IO and one of the boarding officers from the CGC
30 ANACAPA conducted the breath alcohol tests. The alcohol sensor used for breath
31 analysis did not provide a tape and the results for each of the crew was recorded in the
32 remarks section of the urine collection chain of custody forms. Crew blew into the breath-
33 alcohol sensor device and then immediately proceeded to provide a urine specimen for
34 drug analysis. As there were only 7 tubes onboard available for breath analysis only 7
35 tests were performed. Three from the engineering watch, the Chief Engineer, the Chief
36 purser (involved in the evacuation), the Pilot (on watch on the bridge), and the Master
37 (who is not normally part of the bridge watch).
38

39 AHMS had urine collection kits already stored onboard the Columbia but none of the
40 ship's personnel knew the collection procedure. The IO from the USCG observed, while
41 the senior purser of the ship conducted the collection process. The senior purser had not
42 received formal training in the collection process and was guided by the IO. Thirteen
43 urine samples were conducted. Urine testing was conducted on the members of the bridge
44 watch, the engineering watch including the Chief Engineer, and the Chief Purser who was
45 involved in the passenger evacuation. Urine samples were forwarded by overnight carrier

1 to WorkSafe Inc. of Anchorage, the drug and alcohol program administrator for AMHS
2 and then forwarded to Pathology Associates Medical Laboratory in Spokane,
3 Washington. Mary DeMers, D.O., M.P.H. of Anchorage, AK. serves as the medical
4 review officer for AMHS. All post-fire drug and alcohol tests were negative.
5

6 A chemical testing program audit was conducted by the USCG on the AMHS drug and
7 alcohol program on 20 July 99. The AMHS program was found to be in full compliance
8 with 46CFR 4 and 16, and 33 CFR 95.
9

10 The AMHS reported 4 positives (of 426 random tests) for drugs during random drug
11 testing in 1999 to the USCG MIS data collection system.
12

13 POST-ACCIDENT DRUG AND ALCOHOL TESTING

14

15

POSITION	LOCATION/ DUTY	ALCOHOL TESTED (BREATH)	DRUG TESTED (URINE)	RESULTS (All tests)
Master	Bridge	X	X	Negative
Chief Mate	Fire Team Lead	X	X	Negative
Third Mate	Bridge Watch		X	Negative
Pilot	Bridge Watch	X	X	Negative
AB	Fire Response		X	Negative
AB	Helm		X	Negative
Chief Purser	Pass. Evacu.		X	Negative
Chief Engineer	Fire Response	X	X	Negative
1/A Engineer	Fire Response	X	X	Negative
3/A Engineer	Fire Response		X	Negative
3/A Engineer	Engine Watch		X	Negative
Junior Engineer	Engine Cntrl Rm.. Watch	X	X	Negative
Oiler	Engine Cntrl Rm. Watch	X	X	Negative

16 2. Crew Licenses and Training and Experience

17

18
19 A copy of the current licenses, documentation of training and experience of the members
20 of the on-watch engineers, and the bridge were collected. Additional information
21 regarding experience was collected during interview.
22

23 The Pilot (on watch, Bridge)

24

25 The Pilot stated that he started (in the industry) with (Alaska) Marine Highways in May
26 1974. The Pilot said that he worked in the Steward's Department for approximately 5

1 years, at which time he moved to the Deck Department and got his AB endorsement. He
2 stated that he got his license (Master's) in May of 1988. Worked as a Third Mate,
3 Second Mate, and then Relief Chief Mate. He served as Pilot for the first time with the
4 Chief Mate rating. His principle duty, at that time, was to oversee the watch.

5
6 The Chief Purser (responding)

7
8 The Chief Purser holds a USCG Certificate of Registry as a Merchant Marine Staff
9 Officer and serves as a staff officer on vessels of the U.S. Merchant Marine in the grade
10 of Chief Purser issued June 25, 1999, Anchorage Alaska. The Chief Purser is also
11 endorsed and is proficient in the use of survival craft, issued August 24, 1999 Anchorage
12 Alaska.

13
14 The Chief Engineer (responding)

15
16 The Chief Engineer holds a Chief Engineer License and is licensed to serve as Chief
17 Engineer of United States Motor Vessels of any horsepower, also Third Assistant
18 Engineer of Steam Vessels of Any Horsepower. Issued, Seattle Washington, August 20,
19 1999 for the term of five years.

20
21 The 3/A Engineer (on watch, engineroom)

22
23 The Engineer holds a U.S. Merchant Marine Officer license and is licensed to serve as a
24 Third Assistant Engineer of Steam or Motor Vessels of Any Horsepower for the term of 5
25 years. Issued July 18, 1997, Seattle Washington. He stated that he has 10 years
26 experience in the industry. He joined AMHS in June 1999. Prior to AMHS he worked
27 for International Boatman's Union (1990-99), as an oiler and pumpman on deep-sea
28 vessels. He spent 4 years in the US Marine Corps as a heavy equipment operator (1341),
29 diesel mechanic.

30
31 The Jr. Engineer (on watch, engineroom)

32
33 The Jr. Engineer holds a U.S. Merchant Marine Officer license and is licensed to serve as
34 a Master of Steam or Motor Vessels Not More Than 100 Gross Registered Tons
35 (Domestic Tonnage) Upon Near Coastal Waters. The license was issued for the term of
36 five years on April 12, 2000, Juneau Alaska. He holds endorsements Able Seaman-
37 Special, rating forming part of a navigational watch, is proficient in the use of survival
38 craft (Lifeboatman), and is a qualified oiler, part of an engine room watch as an oiler.

39
40 He has worked in the Gulf of Mexico, mainly on mud boats and crew boats for
41 approximately 1 year. He joined AMHS in May 1997. Started in the stewards
42 department. He worked for AMHS in the summer and worked the Gulf of Mexico in the
43 winter. He has worked every ship in the AMHS southeast region.

1 The Oiler (on watch, engineroom)

2
3 The Oiler has been a marine engine mechanic his entire adult life. He stated that he
4 entered the United States Coast Guard at age 19 and served for 4 years. He is now 62
5 years old and has spent his life around boats. He is in his third year working ferries. The
6 Oiler holds no licenses, but does hold a Merchant Mariner's Document.

7
8 3. Pre-accident Activity Histories

9
10 Activity histories for watch standers were obtained during interview. The engineering and
11 the bridge crew work a 6 on/6 off for 2 wks on/ 2 wks off, and the unlicensed crew
12 worked 6 on/6 off for 1 week on/1 week off.. Current ship's cycle had just started and
13 watchstanders had been off from 7 days to 30 days. The chief engineer and the first
14 engineer are day workers 12 hrs on / 12 off, over a period of 1 wk on/ 1wk off.

15
16 The Chief Mate

17
18 The Chief Mate's activities were reconstructed during interview and by using the ship's
19 log on the bridge of the M/V Columbia as an aid to memory. The ship's log is an
20 important aid because peaks in the Chief Mate's workload are relative to port arrivals and
21 departures.

22
23 The Chief Mate said that he boarded the M/V Columbia on the 29th of May before the
24 vessel's departure. He normally works days and is available for all port calls. He said
25 that he slept on Sunday, the 4th of June from midnight to 0540 and that he had a 2-hour
26 nap from 1400-1600. He stated that during the day, he had a heavy administrative
27 workload. He is on-duty for all cargo operations, which occurred that evening from 1900
28 to 2050 hours. He had further duty from 2230 to 2400 during navigation of Wrangell
29 Narrows. Cargo operations in Petersburg occurred until 0121 on the 5th of June. He said
30 that he slept from 0230 to 0730 on the 5th of June. He went ashore to obtain propane and
31 other supplies. The vessel departed at 1400. He did administrative duties until 1854
32 when the vessel arrived at Haines. He was then involved in cargo operations until the
33 vessel departed Haines at 2000. The vessel arrived at Skagway from 2110 to 2354. More
34 cargo operations occurred during that period. He slept for 20-25 minutes just after
35 midnight on the 5th of June. The vessel was southbound for Haines during 0118-0236.
36 He went to sleep at 0310 until the vessel's arrival Juneau at 0711. He reported to the car-
37 deck for cargo operations at 0730 and for some time between 0730 and noon he worked
38 administrative duties. The fire occurred at noon on the 6th of June. The Chief mate was
39 subsequently involved in fire-fighting activities.

40
41 The Third Mate (on watch, Bridge)

42
43 On the day of the fire, the third mate had just come on watch about a quarter to 12. The
44 fire occurred approximately noon. The mate had about 5 hours of sleep before coming on
45 watch. Her normal watch was from noon-1800, and Midnight to 0600. She works 6

1 hours on followed by 6 hours off-watch for a period of 2 weeks, and then is off for 2
2 weeks. This was the first week of duty. Prior, the mate had been working in the yards,
3 which was a regular 8-hour job, 5 days a week. Prior to reporting for watch on the day of
4 the fire she performed in port fire station checks. She had a sandwich for a meal, she says
5 she doesn't eat much when she gets off watch. She reported that she just has time to eat,
6 shower, then go to work. Off watch, she spent an hour inspecting the fire stations looking
7 at the lifeboats and otherwise undergoing a first week of familiarization with the vessels
8 systems. She was new as a 3rd mate, and was previously an AB.

9
10 She said the vessel was near Tenakee Springs when the alarm went off. She reached over
11 and wrote down the time, 12:07 pm. She left the Captain, 2nd mate, and the pilot on the
12 bridge and assembled on the car-deck. The Chief Mate sent her back up for flashlights
13 and a line, another air pack, 2 more air bottles, spotlights and other various things needed
14 from the locker on the bridge. She then stood by to assist fire-fighting efforts. About
15 1230 pm. she heard on the VHF that the fire was out. She also heard when the "venting"
16 was completed.

17
18 The Jr. Engineer (on watch, engineroom)

19
20 The Jr. Engineer had been on vacation since May 3rd before joining the Columbia. He
21 stated that his at-home sleep requirements are 6-7 hours per day. He is usually in bed by
22 2300 and awake by 0500-0600. On the ship he works 12 hours on watch followed by 12
23 hours off for seven days. Then he is off for seven days.

24
25 The Jr. Engineer came onboard the Columbia at 0915 the day before the fire. He
26 unpacked personal gear, had lunch, and then relieved the watch in the engine room at
27 1130 am. He worked until midnight, then went to the crew's mess, had a snack, went to
28 shower, and then went to bed about 0130 on the 6th of June. He woke about 0900, went
29 to the crew's mess and had a cup of coffee. He then studied for exams (professional)
30 until about 1100. Went to the crews mess, had lunch and then relieved the watch in the
31 engine room about 1130 am. The fire occurred about 1200.

32
33 His on watch activities consisted of receiving a brief from the person he was relieving. A
34 3rd assistant engineer and an oiler then joined him. They all were awaiting a fire and
35 boat drill scheduled for 1230. He checked on the MSD's below in the crews quarters and
36 then came back to the engine control room. The watch engineer told him that he was
37 going to make a round in the main engine room. The Jr. Engineer then joined the oiler
38 and sat down at the computer desk in the engine control room. He was talking with the
39 oiler when he heard a disruptive sound. He saw sparks come out of the top of the No. 1
40 panel like a big "arc welder". He then saw sparking spread to the second panel. The first
41 panel was in smoke and fire and the second panel "lit-up". He grabbed the oiler and went
42 out the port side door of the engine control room.

43
44
45 The Third Assistant Engineer (on watch, engineroom)

1
2 The 3/A Engineer came on board the Columbia on June 2nd. This was to be his second
3 tour on the Columbia. He has worked the AMHS vessels Malaspina, Columbia, Aurora,
4 Taku, Maloopina, and the Lecante (6 ships). The 3/A Engineer had been off the previous
5 10 days before joining the Columbia for the accident trip. He had previously been
6 assigned to the Malaspina. Following his days off, he drove from Seattle to Bellingham
7 and joined the Columbia about 1000 am. on the 2th of June. Prior to coming onboard the
8 Columbia the engineer's activities consisted of personal errands. When he arrived
9 onboard ship, he said that he slept for a couple of hours and then had lunch. He relieved
10 the watch in the engine room at 1130 pm. to begin the midnight to 0600 watch. While on
11 watch the 3/A Engineer began familiarization with the engine plant, learning how to
12 start/stop engines, how to start/stop auxiliary generators, learning emergency systems,
13 fire systems, emergency escape routes, emergency cooling, lube oil, how to test the
14 steering gear and the engine order telegraph system.

15
16 The 3/A Engineer's normal watch is 1200-1800, 0000-0600 (relieved a half-hour before
17 watch change), 2 weeks on / 2 weeks off. The night before the fire, he stated that he got 4
18 hours of sleep in his off watch period. When he is not on ship duty, he normally gets
19 about 7 hours of sleep per night. He stated that when on duty, his job is to watch and
20 monitor things in the engine and auxiliary engine rooms—nothing else.

21
22 He stated that he is in good physical condition, and is not taking any prescription
23 medications or over the counter medications except for an "Advil" tablet he took.

24
25 On the day of the fire, the 3/A Engineer came to the engine room for the noon watch and
26 stated that everyone was talking (normal activity). The oiler had made a preliminary
27 round, now he was going to make a round in the main engine room. He traced out the
28 lube-oil system and checked the main engines looking for leaks or abnormalities. He
29 stated that he checked the shaft alley, shaft seals and oil level and looked for leaks. He
30 checked the fuel purifiers and then went into the auxiliary room to check the main
31 generators.

32
33 He was checking the main generators when he noticed the No. 2 generator "started acting
34 erratic", shaking erratically, keeping intermittent speed. He noticed that the lights were
35 dimming and then brightening, so he ran up to the engine control room and saw fire
36 coming out of the panel closest to the starboard door.

37
38 The First Assistant Engineer (1/A Engineer, responding)

39
40 The 1/A Engineer reported aboard the Columbia on 5 June 2000. He had been assigned
41 to the Columbia for 5 years. He was employed with AMHS since 1975 and joined the
42 company as a dishwasher. Previously he worked as an ordinary seaman on freighters out
43 of San Francisco (1968,69). The engineer lives in Haines so he deadheaded to Juneau on
44 one of the other ferries, stays overnight until his working ferry comes in. He had
45 deadheaded from Haines onboard the Malaspina. He stayed overnight on board the

1 vessel. The next morning, he left the vessel and stayed in the ferry terminal until the
2 Columbia came in (about 0800-0900). He signed in on Columbia, showed his Z-card,
3 checked with the relief and exchanged information. The 1st assistant engineer is a day-
4 worker (0600-1800) He works a 12-hour shift and does not stand a navigational watch.
5 His duties are basically to work for the Chief Engineer in charge of the engine room,
6 make sure that maintenance is completed and work is being done in the engine room.

7
8 The 1/A Engineer works 12 hrs on /12 hours off for 1 week, then is off for 1 week. He
9 stated that he normally stays up until 2100/2200 and normally sleeps no more than 6
10 hours. Six hours of sleep is normal for him. The night before the fire his normal sleep
11 period was not interrupted for any reason. That particular night however, he worked
12 beyond his normal end of shift (1800) until 2200. There was a heating problem in one of
13 the staterooms. He went to sleep about 2300, and up the day of the fire about 0500. He
14 stated that he went to breakfast, then went to the engine room to check on the watch about
15 0545. There was a problem with the freight elevator (Not traveling between two decks,
16 main deck). He worked that problem until noon and then went to lunch. He was in the
17 officer's mess at the time of the fire, a few minutes later.

18
19 The Oiler (on watch, engineroom)

20
21 Approximately 5 days prior to boarding the Columbia the Oiler had a physical and a drug
22 test (screen) in partial fulfillment of USCG requirements for the lifeboatman
23 endorsement. The Oiler lives just north of Anchorage and had been at home. On Sunday
24 (two days before the fire) the Oiler boarded a flight about 1330 from Anchorage to
25 Juneau. A friend picked him up at the airport and they went to his home and spent the
26 afternoon talking and ate dinner there, "played with his computer" for a while and then
27 went to bed about 2200.

28
29 The Oiler awakened Monday morning about 0600, played with his friend's dog and then
30 ate breakfast and conversed with his friend. His friend dropped him at the Columbia's
31 docking terminal about 0830. The Oiler boarded the vessel about 0915 on Monday when
32 it first arrived in port. Upon boarding, the oiler went down to the engineroom to see who
33 was there and to check-in. He then checked in with the purser, took his "stuff" to his
34 room and got his bunk ready and clothes unpacked. He stated that he then went up and
35 ate lunch. The Oiler works a 6/6 watch (noon-1800, midnight- 0600; 1 week on, followed
36 by 1 week off). He stated that he had been on this rotation for 2 years.

37
38 On Tuesday morning, (the day of the fire), the Oiler had worked the Midnight-0600
39 watch, then ate breakfast, showered and went to bed. The Oiler stated that it was probably
40 0630 when he went to bed. He said he got up at 1045, dressed and went up to lunch. He
41 then went down (to the engineroom) and relieved the watch at 1130. The Oiler then made
42 his rounds in the engineroom and came back up (to the engine control room) and then the
43 3/A Engineer went to make rounds. The Oiler stated that no one had been performing any
44 maintenance or repairs (just performing normal rounds and checks). The Oiler and the Jr.
45 Engineer were sitting at the desk in the engine control room when the electrical panel,

1 nearest to the entrance door in the control room just exploded with fire and smoke from
2 the top. There was a loud roar. The Oiler stated that he looked over his left shoulder and
3 the next second the second panel toward them did the same thing. The two left the control
4 room out the door "on the other end of it". After asking where was the 3/A Engineer, the
5 Oiler went to get to a phone to call the bridge. On the way, he met one of the engineers
6 coming down the ladder and he told him what had happened. The engineer turned around
7 and headed straight for a phone and called the bridge. At that point, the Oiler stayed up
8 on deck and helped the fire crew.

9 4. Medical Information --

10 Medicals were obtained for the 3/A Engineer (on watch), the Jr. Engineer (on watch) and
11 the Third Mate (on watch, Bridge). No adverse medical conditions affecting fitness were
12 reported from any of the members of the watch.

13

14

15

16

17

18

19

20

21

**AMHS DRUG AND ALCOHOL
POLICY
JUNE, 2000**

**ALASKA MARINE HIGHWAY SYSTEM
POLICIES AND PROCEDURES
FOR URINALYSIS DRUG TESTING
AND POST/SERIOUS MARINE INCIDENT TESTING**

I. OVERVIEW

The U.S. Department of Transportation (DOT) has mandated that all employees in safety sensitive jobs in the transportation industry which it regulates, will be required to be tested for illegal substance use prior to hiring, on reasonable suspicion, after a serious marine incident, and randomly on an annual basis. See 17 AAC 70.070; 46 CFR, Part 16, Chemical Testing.

USCG regulations require random drug testing as follows:

16.230 Random testing requirements.

(a) Marine employers shall establish programs for the chemical testing for dangerous drugs on a random basis of crewmembers on inspected vessels who:

(1) Occupy a position, or perform the duties and functions of a position, required by the vessel's Certificate of Inspection.

(2) Perform the duties and functions of patrolmen or watchmen required by the chapter; or,

(3) Are specifically assigned the duties of warning, mustering, assembling, assisting, or controlling the movement of passengers during emergencies.

46 C.F.R. 16.230(a) and (b), 56 Fed. Reg. 31030-01 (Jul. 8, 1991). All vessel crewmembers on the AMHS vessels are required to be trained for and available to warn, muster, assemble, assist, or control movement of passengers during emergencies.

The AMHS issues the following policy statement and procedures for implementing it to comply with the above regulations.

II. POLICY STATEMENT

The AMHS disapproves of the use of any illegal drug and/or the abuse of legal drugs by its employees. The unlawful manufacture, distribution, dispensing, possession, or use of an illegal drug in the workplace is prohibited.

The AMHS has a vital interest in maintaining safe, healthful, and efficient working conditions for its employees as well as the traveling public. Being under the influence of a drug on the job may pose serious safety and health risks not only to the user, but to co-workers and the public.

The AMHS recognizes that the reputation and safe operation of the system is dependent upon the physical and psychological health of its employees. Accordingly, the AMHS has adopted the following policy to assure a safe and drug free workplace.

Except as provided below, being under the influence of any drug by an employee of the AMHS is prohibited to the extent such an influence may affect the safety of the employee, co-workers, or members of the public by impairing the employee's job performance, or the safe and efficient operation of any vessel or shore facility. An employee must notify the ship board supervisor if the employee is taking any drugs. An employee may continue to work even though under the influence of a legal drug, if management has determined, after consulting with the Medical Review Officer (MRO) or other medical professional knowledgeable of the circumstances of such drug use, that the employee does not pose a threat to his or her own safety or the safety of co-workers or the public, and that the employee's job performance is not significantly affected by the legal drug. If it is determined that such legal drug use may affect job performance, the employee may be required to take sick leave, a leave of absence, or comply with other appropriate action as determined by management, in consultation with the MRO.

The use, manufacture, distribution, purchase, transfer, or possession of an illegal drug by an employee while in an AMHS facility or performing work for AMHS is prohibited. The presence of any detectable amounts of an illegal drug in an employee assigned to a safety sensitive job while performing AMHS business is prohibited.

III. CONDUCTING DRUG TESTS

The drug test program requires urine drug testing for five specific classes of drugs, and after a serious marine incident,

urine testing for those classes of drugs, as well as a breathalyzer test for the detection of alcohol use. These urine tests are performed in a laboratory certified by the U.S. Department of Health and Human Services. A breathalyzer test will be administered on board the vessel following a serious marine incident or marine casualty. A confirmatory test of all positive urinalysis results will be completed by using gas chromatography/mass spectrometry (GC/MS) techniques. 46 C.F.R. 16.350.

The drugs to be tested for are:

Cocaine
Amphetamines
Opiates

Cannabinoids (THC)
Phencyclidine (PCP)

USCG form 2692 and 2692b must be completed as appropriate and then forwarded to the Port Captain's office for proper distribution.

IV. DRUG SCREENING

A screening is an initial analytical procedure designed to test large numbers of specimens for the presence of a drug. Examples of screening tests are immunoassays (e.g., enzyme immunoassay). A confirmation test is a follow-up test performed on all samples that test positive by the screening method. The confirmation test will use a chemical testing principle different from the one used in the screening test that is very specific for the drug being confirmed: gas chromatography/mass spectrometry (GC/MS). This is considered to be the most sensitive and accurate confirmation test available.

The AMHS will require a urinalysis drug screen, conducted in compliance with 49 CFR Part 40, for pre-employment, reasonable cause, post serious marine incident, and random testing as required in 46 CFR Subpart B. An employee's consent to submit to such a test is required as a condition of employment. The employee's refusal to consent will result in immediate suspension without pay pending U.S. Coast Guard action as required in 46 CFR Part 16.250(d) and 46 CFR Part 5.569(d), and disciplinary action in accordance with AMHS policy and procedures for discipline in cases of use or possession of illegal drugs. Employees suspended or terminated as the result of refusing to consent will not be returned to work status until having satisfied U.S. Coast Guard requirements.

a. Pre-employment Screening

The AMHS will maintain pre-employment screening practices designed to prevent hiring individuals who use illegal drugs or individuals whose use of legal drugs indicates a potential for impaired or

unsafe job performance. If the applicant is under age 18, a consent form must be signed by the parent or guardian before the applicant will be considered for employment.

Pre-employment collection sites are available through referral by the AMHS's personnel offices to the contracted facilities. These sites are located in Ketchikan, Juneau and Anchorage.

All incumbent employees will be subjected to screening as follows:

b. Random Testing Requirements

Random collection will be conducted on board vessels through an unannounced random selection process as determined by the Port Captain. All testing is performed in strict confidence. The MRO receives and enters information from random testing requested by the AMHS. The MRO receives and enters lab data from specimens submitted, identifies and reviews positive and negative results, transmits information to the client and rejects results which do not conform to DOT guidelines. The MRO will report all test results to the AMHS's designated contact person, in accordance with 46 CFR 16.370 and 49 CFR 40.27.

Random testing will be by random vessel selection and testing of all employees assigned to and working on board the vessel when the testing occurs. The employees will be notified to provide a urine specimen by the department head. The employee shall report to a collection site on the vessel as soon as practicable to provide the employee's specimen.

One of two methods will be used for the random vessel selection process. Both are computer number generated.

1. A pull tab card random selection program has been developed using a selection process that is based on a computer generated random number (e.g., 4) that is recurring randomly within each series of eight pull tabs on a random number card. Whenever a random test is needed, eight consecutive pull tab "windows" are opened. The number in the window shows the random number (e.g. 4), that will correspond to the designated vessel number which will be the vessel tested.

2. The second option for the random selection process is based on a computer-generated program that will randomly select a vessel by name for testing.

The timing of the random selection will be based on a straight line graph (time vs. number of tests) to maintain a 50% annual test rate to reach the target number equaling 50% of the number of AMHS vessel employees.

c. Reasonable Cause

Reasonable cause testing will be conducted whenever an employee is "reasonably suspected" of using a dangerous drug. A reasonable suspicion is based on a reasonable and articulable belief that an individual has used an illegal drug based on direct observation of specific, contemporaneous physical, behavioral, or performance indicators of probable use. Where practicable, this belief should be based on the observation of the individual by two persons in supervisory positions. The deck department head (Chief Mate) shall enter the reasonable cause determination in the logbook.

An employee suspected of drug use must, upon request, provide a urine sample for testing. If an employee refuses to consent to submit to a reasonable cause drug screen test, the refusal shall be entered into the official deck logbook. A copy of the logbook entry along with detailed reports of the incident from the employee's supervisor and the Master, shall be provided to the Port Captain's office. The employee shall be relieved of all duties and then put off the vessel at the next change port and put on leave with pay for the completion of the employee's regular work week. If the employee is put off the vessel at other than the employee's designated change port, return transportation arrangements to the employee's designated change port shall be provided. The USCG will be notified and requested to rule on the incident, failure of the USCG to make any ruling does not prevent the AMHS from disciplining an employee who has refused to be tested.

AMHS will test under this section whenever it appears the employee is operating a vessel under the influence of a dangerous drug and/or displays signs of slow reactions, poor coordination, fatigue, delayed decision-making, erratic loss of concentration, depression or anxiety, difficulty in sorting out priority tasks from nonessential activity, neurotic, or psychotic behavior.

d. Serious Marine Incident or Marine Casualty Testing (Post-Accident)

The Alaska Marine Highway System must ensure that all persons directly involved in a serious marine incident are chemically tested for evidence of alcohol and illegal drugs in accordance with DOT regulations. If a serious marine incident/casualty occurs within 24 hours of arriving into a port which is a designated collection site, then the collection will occur at the designated collection site. If the designated collection site is inaccessible due to vessel arrival time or weather conditions, the sample collection will occur on board the vessel before it departs. If a vessel is more than 24 hours from a port, which is a designated collection site, then a sample will be collected by a trained supervisor on board the vessel, using the collection kits that are provided on board the vessel.

V. POSTING NOTICES

A current copy of the policies and procedures will be on board each vessel and in shore facilities for 24-hour access by AMHS personnel.

In addition, the AMHS will cause to be posted statements that it operates a drug free workplace and it has a policy on testing and disciplining of employees testing positive for drug use.

Drug free workplace posters shall be displayed prominently on all AMHS vessels and in shore facilities.

Copies of "Employer's guide to 49 CFR Part 40: Procedures for Transportation Workplace Drug Testing Programs" published by the U.S. Department of Transportation, will be maintained and available to crew members on board all vessels.

VI. CONTRACT PERSONNEL

The policy provisions stated above are also applicable to contract personnel. Violation of these provisions or refusal to cooperate with implementation of the policy can result in the barring of contract personnel from AMHS facilities or participating in AMHS operations.

VII. DISCIPLINARY ACTION

If the USCG revokes an employee's documents, the employee will be subject to disciplinary action up to and including dismissal.

Additionally, AMHS may take disciplinary action up to and including dismissal for violation of these policies and procedures.

VIII. EMPLOYEE TRAINING

The AMHS intends to heighten employee awareness of the effect and consequences of drug use. To that end, information will be provided to all employees on the effects of such use. In addition, the AMHS will directly distribute to all employees information about its drug policy and the consequences of violations of that policy in the form of brochures, supervisor manuals, and group training sessions on board vessels.

IX. PROCEDURES FOR MANAGEMENT AND SUPERVISORS

Designated supervisors will receive a minimum of 60 minutes of annual training in the manifestations, physical, behavioral, and performance indicators of probable drug use.

When there is reasonable cause to believe that an employee is impaired as a result of the use of drugs, supervisors will require the employee to submit to drug screening. When practicable, two

supervisors will substantiate and concur in the decision to test an employee who is reasonably suspected of drug use.

When a supervisor has reasonable suspicion that a vessel employee is in violation of this policy, the supervisor shall immediately notify the vessel Master, who shall take appropriate action. However, it is recognized that if the employee appears to be under the influence of drugs, with one or more of these substances in his or her possession, immediate action may be required. Where this is the situation, the supervisor shall do the following:

1. If an employee is suspected of using or being under the influence of a legally prescribed drug or illegal drug or otherwise unable to perform his or her job in a safe or satisfactory manner, the supervisor will direct the employee to report to sick bay or an appropriate collection site on board the vessel to be tested, using a field test kit, under the reasonable cause guidelines.

If the employee refuses to provide a sample, the Master shall make the appropriate logbook entries and report the incident to the Port Captain and the nearest USCG office for a determination of whether the employee is in violation of federal drug testing regulations.

The Master shall place the employee on suspension with pay pending results of testing or other administrative determination.

The supervisor shall arrange through the Juneau Central office Personnel Section for appropriate transportation.

2. If an employee is suspected of possessing, distributing, purchasing, transferring, or manufacturing an illegal drug, the supervisor must:
 - (a) seize any suspected illegal drugs;
 - (b) secure any container or the like, where illegal drugs may be present, for a subsequent search by appropriate personnel; and
 - (c) order the employee to report to an area on the vessel, or at the shore facility, where appropriate personnel can question the suspected employee or employee's in private.
3. Prior to initiating questioning relative to use or possession of illegal drugs, the supervisor must first consult with the Master and the Port Captain or other appropriate shore side supervisor if the Port Captain is unavailable. If a represented employee is suspected of violating this policy, and it has been determined that

the employee is to be questioned, the supervisor will notify the employee of the right to have his or her union representative present during any employee questioning which may lead to disciplinary action.

4. Management and supervisors are to restrict conversations concerning possible violations of this policy to those persons who are participating in any questioning, evaluation, investigation, or disciplinary action and who have a need to know about the details of the drug investigation. This restriction includes not mentioning the name of the employee or employees suspected of violating this policy. Management, supervisors, and investigators are to instruct other employees, except as stated above, not to talk about such possible violations.
5. Supervisor training for reasonable cause, post-accident (machinery, vessel, personnel), and illness (disorientation, etc.) will consist of instruction on signs and symptoms of drug use, proper use of the urine drug test field kits, and chain of custody forms. It must also include instructions in the use of breath testing equipment for the detection of alcohol. This is to ensure the integrity of the specimen is not compromised (refer to AMHS supervisor manual).
6. The chain of custody form procedures are:
 - STEP 1: (top portion of the form) Determine the purpose of the sample collection (i.e., reasonable cause, post-accident) and check the appropriate box. A sample of the form is included in the supervisory training materials.
 - STEP 2: Remove specimen bottle from field kit. Peel off specimen identification number label form and affix to the bottle above the temperature strip. Give bottle to donor and instruct the donor to provide urine specimen. The supervisor need not observe the donor unless the supervisor has reason to believe the donor has tampered with the sample (e.g., the sample temperature is inappropriate, running water is heard before the sample is provided, etc.). VK]] screw on the lid of the specimen bottle, note temperature indicated on black temperature strip on the bottle, and record temperature in the appropriate box.
 - STEP 3: Note the urine temperature and check the appropriate box if it is within the proper

range. It is outside the range, indicate on the line below. Fill in the bottle label with the following information:

a. donor social security number

b. date specimen collected

c. initials of collector

Place bottle custody seal over top and down sides of bottle. Be sure not to cover the identification number label. Have the donor initial and date seal. Fold parts one and two (white and gold copies) and place them in the kit box. Place specimen in the plastic bag, and place it in the kit box. Close and seal with the box seal provided.

STEP 4: The collector gives the donor Part 4 (green copy) of the form for donor's records. Donor may now leave the collection site.

STEP 5: Collector mails Parts 3 and 6 (pink and blue copies) to the MRO listed at the top of the form. Retain Part 5 (yellow copy) for collection site records. Arrange for transportation of specimen kit to the testing laboratory.

STEP 6: Urinalysis specimens shall be collected in strict compliance with 49 CFR 40.25 (See "Employer's Guide to 49 CFR"). Split samples will be collected whenever specimens are collected for urinalysis drug testing.

STEP 7: The State of Alaska will ensure that urinalysis testing procedures are conducted in strict compliance with 49 CFR 40.29 (See "Employer's Guide to 49 CFR 40").

If there has been a serious marine incident/casualty the supervisor must conduct a breath test on all individuals involved as follows:

X. BREATH TEST PROTOCOL/PROCEDURES

Whenever an AMHS covered employee is involved in a serious marine incident, a breathalyzer test must be administered using an Alco-Sensor III. This breath alcohol tester is a simple and accurate method of determining blood alcohol levels.

The procedure for administering a breathalyzer test is as

follows:

- a. The AMHS employee should be directed to sit and be observed for 15 minutes prior to testing.
- b. The individual will not be allowed to orally consume anything, to include smoking, for at least 15 minutes prior to testing.
- c. Standard operating instructions for the breathalyzer:
 1. Check temperature of Alco-Sensor III, if any number or symbol appears, proceed to "2".
 2. Attach mouth piece to top of unit.
 3. Press "read" button for 10 seconds. If display is "0", proceed, if not, depress "set" button and return to an area where the ambient temperature is above 60 degrees fahrenheit, for approximately 2 minutes. Repeat step 3.
 4. Depress set button.
 5. Instruct the employee to blow steadily for as long as possible into the short end of the mouth piece.
 6. Press read button before exhalation ceases (but not less than three (3) seconds after blowing starts.
 7. Keep read button depressed until maximum reading is obtained.
 8. If no positive reading is attained dispose of "used mouth piece" and depress set button. If positive, follow steps d and e.
- d. All positive readings (002 and higher) must be observed for an additional 10 minutes and retested. (follow steps 2-3).
- e. If the breathalyzer reading and follow-up are .005 or higher:
 1. Collect a urine specimen for confirmation.
 2. Complete Coast Guard incident reports.
 3. Notify ship's Master and Port Captain for further instructions.

XI. EMPLOYEE ASSISTANCE PROGRAM

AMHS will institute an Employee Assistance Program (EAP) to

provide education and training on drug use for its crewmembers and personnel.

- a. The training will include at least the following elements:
 1. The effects and consequences of drug and alcohol use on personal health, safety, and work environment;
 2. The manifestations and behavioral cues that may indicate drug and alcohol use or abuse;
- b. The education program will include a display and distribution of information on:
 1. The effects and consequences of drug and alcohol use on health, safety, and the work environment;
 2. Community services available to crewmembers including hotline telephone numbers which provide assistance; and
 3. Employer's policies on drug and alcohol use in the workplace.

Supervisory personnel must receive at least 60 minutes of training.

XII. POSSESSION OF DRUGS AND ALCOHOL

It is the policy of the AMHS that no intoxicating beverages or illegal drugs be in the possession of, or consumed by, crewmembers while working on board any of its vessels.

For the purpose of the foregoing paragraph, employees deadheading to a change port to go on duty will be considered part of a vessel's crew. Violation of this policy may result in discipline up to and including termination.

XIII. DISTRIBUTION OF POLICY

Copies of this policy and any updates must be provided to the holders of the "Policy and Procedures Manual" and posted on AMHS bulletin boards to ensure notice to all vessel employees.

XIV. PROCEDURE WHEN DRUG USE IS SUSPECTED

If there is a reasonable belief that a crewmember has illegal drugs on board the vessel, a search of the crewmember's quarters may be authorized by the ship's Master, or the senior licensed deck officer present in the absence of the Master. A reasonable belief may arise from circumstances such as:

- a. The detection of the odor of marijuana about a crewmember
- b. The employee displays signs of:
 - 1. slow reactions
 - 2. poor coordination
 - 3. fatigue
 - 4. delayed decision making
 - 5. erratic loss of concentration
 - 6. depression or anxiety
 - 7. difficulty in sorting out priority tasks from non-essential activity
 - 8. being neurotic
 - 9. psychotic behavior
- c. An observation of drug paraphernalia.

In addition, a reasonable belief may arise in the course of the federally-mandated sanitary inspection, or at any other time, if the inspector notices illegal drugs which are in plain view. There are other ways in which reasonable belief may arise but they all must be based upon objective, articulable facts.

An administrative search based upon reasonable belief must be as limited as possible to carry out the purpose of the search to conclude the discovery and confiscation of illegal drugs. If a crewmember is suspected of possessing illegal drugs the search should only include those areas in which they could be secreted. Similarly, if the crewmember is suspected of possessing illegal drugs the search should be only for those substances and only in a place where they may be kept. (This policy does not authorize AMHS personnel to take legally prescribed medications from AMHS employees).

The search party is to consist of a licensed deck officer, a witness, preferable from another vessel department, and the appropriate union delegate, if available.

If the search turns up any quantities of illegal drugs it will be seized and locked in a secured area where access is controlled. If necessary, the quarters will be sealed and placed off limits to all personnel.

The deck officer who conducted the search and made the discovery will prepare a written report of the incident and notify law enforcement authorities to meet the ferry at the next port. Questioning of the crewmember should not be undertaken in the absence of law enforcement personnel.

Information concerning any offense involving the use and possession of intoxicants shall be entered into the ship's log.

XV. POSTING NOTICES

Clearly posted notices explaining the AMHS's search policy shall be displayed in appropriate locations throughout the work area.

XVI. DEFINITIONS

For the purpose of this policy:

Crewmember means an individual who is engaged or employed on board a vessel owned in the United States that is required, by law or regulation, to engage or hold a license or certificate of registry, or who is assigned the duties of warning, mustering, assisting, or controlling the movement of passengers during emergencies.

Dangerous drug means a narcotic drug, controlled substance, and marijuana.

Illegal drug means any drug which is not legally obtainable or which is legally obtainable, but has not been legally obtained. The term includes prescribed drugs not legally obtained and prescribed drugs not being used for prescribed purposes. It also includes marijuana.

Medical Review Officer (MRO) means a person qualified under 49 CFR S 40.27 to review and analyze drugs of abuse and to manage the laboratory to which AMHS sends its samples.

Port means any AMHS location that has a NIDA (National Institute of Drug Abuse) certified collection site.

Safety sensitive job means any job involving the operation of the vessel, or the duty to act as watchman or patrolman; or the duties of warning, assembling, assisting, or controlling passengers during emergencies.

Serious marine incident means a casualty or accident required to be reported to the USCG under 46 CFR S 4.05-1 and which results in any of the following: one or more deaths; injury to a crewmember, passenger, or other person which requires professional medical treatment beyond first aid or which renders an employee on board a vessel in the commercial service unfit for routine vessel duties; damage to property in excess of \$100,000; actual or constructive loss of the vessel; discharge of 10,000 or more gallons of oil into navigable waters of the United States; or discharge of a reportable quantity of a hazardous substance into the navigable waters or environment of the United States. (See 46 CFR S 4.03-2)

Supervisor means any employee serving in the capacity of :

Master

Chief Engineer

Chief Purser

Chief Mate
2nd Mate
3rd Mate
Pilot

1st Asst. Engineer
2nd Asst. Engineer
3rd Asst. Engineer

Sr. Purser
Chief Steward
2nd Steward

Under the influence means that the employee is affected by a drug or a combination of drugs and alcohol, in any detectable manner. The symptoms of influence are not confined to those consistent with misbehavior, nor to obvious impairment of physical or mental ability, such as slurred speech or difficulty in maintaining balance. A determination of influence can be and in some cases, by a layperson's opinion.

XVII. FOLLOWING IS INFORMATION THAT WILL BE INCLUDED IN A BROCHURE

WHY TEST FOR DRUGS IN THE WORKPLACE?

Illicit drug use diminishes job performance and can be a major contributor to accidents. Drug testing programs protect the health and safety of all employees by identifying those with drug abuse and/or dependency problems so they can be removed from the vessel to avoid jeopardizing themselves and passengers. Drug dependence is a progressive illness that tends to worsen if ignored. It has been shown that when an employer announces that it performs pre-employment drug testing, it has fewer applicants with drug problems. When an employer has a random drug testing program in place there are fewer accidents, less sick leave, and greater productivity.

Drug testing is one facet of the AMHS's effort to ensure a safe environment for its employees and the traveling public. By implementing a drug testing and drug awareness program, the AMHS will improve safety and be in compliance with the USCG regulation regarding drug testing.

The U.S. federal government, through the DOT and the USCG, requires seamen with merchant marine documents to participate in a drug urinalysis testing program, including random drug testing. It also requires such testing for all vessel employees in safety sensitive positions, including those who are unlicensed, but are assigned to warn, muster, assemble, assist, or control the movement of passengers in an emergency. 46 CFR S 16.230. Consequently, the AMHS has adopted the following testing policy. This brochure should answer some of the common questions many employees may have regarding drug testing.

In brief, the drug testing program will work as follows:

- * A "negative" pre-employment drug test is required prior to an applicant being accepted for employment.

- * A random drug screen is an unannounced testing program based on a completely random selection system approved by the USCG. All vessel employees in safety sensitive positions are subject to random testing. All AMHS on board employees are in safety sensitive positions. No individual employee will otherwise be singled out for testing unless there is reasonable suspicion of or a serious marine incident has occurred.
- * Employees will be notified that a urine sample is to be taken.
- * Urine samples are collected by trained personnel, then sealed and marked in the employee's presence.
- * The specimen is then sent to a federally-certified laboratory for analysis.
- * The results of the drug test are sent to a qualified laboratory for review by a qualified Medical Review Officer (MRO). If a positive result is found, the MRO contacts the employee to notify the employee of the findings.
- * The MRO sends the results to the person designated by the AMHS to receive them.
- * All positive tests will be reported to the USCG. It is the AMHS policy that anyone who tests positive for drug use is subject to discipline up to and including termination; whether or not the USCG proceeds against the employee's documents.

The laboratory will test urine specimens for the presence of the following drugs:

Cocaine
Amphetamines
Phencyclidine (PCP)

Cannabinoids (THC)
Opiates

Following is a list of frequently asked questions concerning drug testing, and what impact this testing can have on you as an employee of the AMHS.

Q: What happens if there is a positive result?

A: The MRO will review the positive result, notify the employee, and report his findings to the person designated by the AMHS. As noted above, confirmed positive tests may result in discipline up to and including termination.

- Q: What is a screening test?
- A: A screening test is an initial analytical procedure designed to screen large batches of urine samples for the presence of drugs.
- Q: What is a confirmation test?
- A: A confirmation test is a follow-up test performed on samples that tested positive by a screening test. The confirmation test uses a chemical testing procedure different from the one used in the screening test that is very specific for the drug being confirmed. The confirmation test is conducted using the gas chromatography/mass spectrometry (GC/MS) procedure and is considered to be the most sensitive and accurate confirmation test available.
- Q: Are all positive tests confirmed?
- A: Yes. All positive screening tests will be confirmed. Positive screening tests will not be reported by a laboratory until the confirmation test has been performed. If the screening test is positive and the confirmation test is negative, the result will be reported as negative or none detected.
- Q: What is meant by the term "chain of custody"?
- A: Chain of custody is a method of tracking a specimen through the testing process. Each specimen will be accompanied by a form that provides a written record of everyone who has access to the urine sample, and the date and time that they handled it. The chain of custody form also lists what each person did when they had access to the sample; for example, collection, screening analysis, or confirmation.
- Q: Will I be observed while providing the specimen?
- A: You will be asked to provide a urine specimen in a secured restroom which allows for privacy. You will not be observed unless there is reason to believe that you may have altered or substituted a specimen, another specimen will be collected under direct observation. Both specimens will be forwarded to the laboratory.
- Q: Can a person test positive for marijuana without smoking it?
- A: The level of marijuana (THC) in a person who is indirectly exposed to marijuana smoke generally isn't

high enough to produce a positive result. Studies have shown that it would obviously be difficult to encounter such extreme passive inhalation exposure levels in a real-life situation without at least the consent of the person exposed.

Q: Does urine drug testing provide evidence of drug-induced intoxication ?

A: Urine tests can detect recent drug use. Urine drug tests cannot determine: (1) whether a person was under the influence of the drug at the time the sample was taken, (2) whether the individual is addicted to the drug(s), or (3) distinguish between one-time or regular drug use.

Q: If I have a problem with drugs or alcohol, where can I get help?

A: Following are treatment facilities available to assist you:

Anchorage

Charter North Hospital
(907) 258-7575
(Inpatient Services)

Lakeside Recovery Centers, Inc.
(907) 562-5321
(Inpatient Services)

Salvation Army/Clitheroe Center
(907) 276-2898
(Outpatient Services)

Juneau

Juneau Recover Center
(907) 586-5321
(Inpatient Services)

Lakeside-Milam Recover Center
(907) 780-4948
(Outpatient Services)

Ketchikan

Lakeside-Milam Recovery
(907) 225-6920
(Outpatient Services)

Bellevue, Washington

Core Unit (Kirkland, Wa)
(206) 821-1122
(Inpatient Services)

First Step (Bellevue, Wa)
(206) 746-3888

**ALASKA MARINE HIGHWAY SYSTEM
POLICY AND PROCEDURE
FOR DISCIPLINE
IN CASES OF USE OR POSSESSION OF ILLEGAL DRUGS**

PURPOSE:

To state the disciplinary policy for the use or possession of illegal drugs, or the presence of any detectable amount of illegal drugs, by crew members on duty on board vessels of the Alaska Marine Highway System.

POLICY

It is the policy of the Alaska Marine Highway System that no illegal drugs be in the possession of, consumed by, or in the presence of, in any detectable amount, the crews while on duty on board any of the System's vessels. The term "on duty", in this instance, refers to the specified work period during which a crew member is on board a vessel in work status, regardless of the hours of watch or other employment.

This prohibition does not apply to employees who are riding on the ferries as passengers, either by payment of their own fares, by pass, or after having completed an assignment.

Violation of this policy will result in discharge.

DISTRIBUTION:

All holders of the "Policy and Procedures Manual", and posting on bulletin boards so as to ensure proper notice to all vessel employees.

PROCEDURE:

Once it has been determined that disciplinary action is warranted based on a possible violation of this policy or the Alaska Marine Highway System Policies and Procedures for Urinalysis Drug Testing and Post/Serious Marine Incident Testing, the Department Head shall take the following steps:

1. Notify the employee immediately that he/she has been suspended without pay, schedule an investigatory hearing to provide the employee an opportunity to respond to the charges, and inform the employee of the right to union representation. See Attachment A for a sample letter of notification.
2. Conduct the investigatory hearing. See Attachment B for a sample script for the hearing.
3. (a). If the employee is found to have violated this policy, terminate the employee. See Attachment C for a sample letter of termination; (b) If the employee is found not to have violated this policy, reinstate the employee.

ATTACHMENT A

Dear Employee Name:

This office has received evidence that you may have violated the Alaska Marine Highway System (AMHS) policy prohibiting illegal drugs to be in the possession of, consumed by, or in the presence of, in any detectable amount, the crews while on duty on board any of the System's vessels.

According to AMHS policy and procedure, you are hereby placed on leave without pay (LWOP) pending the conclusion of the employer's investigation. You are not available for employment dispatch until such time as an investigation has been completed and a determination made as to appropriate disciplinary action.

An investigatory interview is scheduled for location at time. . You are required to attend this interview. If you fail comply with these instructions, you will be subject to disciplinary action up to and including discharge.

As disciplinary action may result from the investigation, you are reminded of your rights to union representation.

Sincerely,

Department Head

cc: Personnel File
Ginger Griffin, Personnel Officer, AMHS, DOT&PF
Jim Johnsen, Labor Relations Analyst, DOA
Union

ATTACHMENT B

Introduction

1. Identify the parties present at the interview.
2. Establish the purpose of the interview:

We are here to ask you a few questions about the positive drug test result obtained from you on (date) while you were assigned to the M/V (vessel name) .

3. Instruct the employee to answer the questions:

You are instructed to answer these questions truthfully and completely. If you fail to do so, you will be subject to disciplinary action up to and including discharge.

Interview Questions

Ask the following questions:

1. Do you have any information which would explain this evidence of improper use, possession, or presence of _____?
2. Do you have any information which would lead us to question this evidence?
3. Have you been convicted for any related offenses in the past? If so, when, where, for what drug?
4. Is there anything else you would like to say about this matter?

Conclusion

Tell the employee the following:

From here we will consider all the information available to us and make a decision. You and your union will be informed of the decision. Thank you very much.

ATTACHMENT C

Date

Dear Employee Name:

The investigation into the allegation that you may have violated the Alaska Marine Highway System (AMHS) policy prohibiting illegal drugs to be in the possession of, consumed by, or in the presence of, in any detectable amount, the crews while on duty on board any of the System's vessels is concluded.

After reviewing all the evidence collected during the investigation, it has been determined that you violated the AMHS policy and procedure prohibiting illegal drugs to be in the possession of, consumed by, or in the presence of, in any detectable amount, the crews while on duty on board any of the System's vessels. Specifically, it was found that you _____

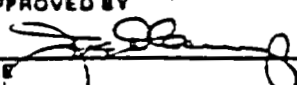
_____. Consequently, according to AMHS policy and procedure, you are hereby discharged from your employment with the AMHS.

Under separate cover you will receive in the coming days a package of materials from the personnel office for you to complete and return so that your separation from State service is complete.

Sincerely,

James R. Ayers
System Director

cc: Personnel File
Ginger Griffin, Personnel Officer, AMHS, DOT&PF
Jim Johnsen, Labor Relations Analyst, DOA
Union

STATE OF ALASKA DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES POLICY AND PROCEDURES		P & P No. 25-8001	Page 1 OF 2
		Effective Date 3-1-85	
SUBJECT USE AND POSSESSION OF INTOXICANTS		Supersedes P & P No. 25-8001	Dated 7-1-84
		APPROVED BY 	
DIVISION AK Marine Highway System	SECTION Operations	CHAPTER TITLE Vessel Personnel	

PURPOSE:

To state the policy prohibiting the use, or possession, of intoxicating beverages or drugs by crew members on duty on board vessels of the Alaska Marine Highway System.

POLICY:

It is the policy of the Alaska Marine Highway System that no intoxicating beverages or drugs be in possession of, or consumed by, the crews while on duty on board any of the Systems' vessels. The term "on duty", in this instance, refers to the specified work period during which a crew member is on board a vessel in work status, regardless of hours of watch or other employment.

Employees deadheading to a change port to go on duty will regard the above ruling as if in duty status rather than as a passenger, during the twelve (12) hour period preceding reporting for duty.

This prohibition does not apply to employees who are riding on the ferries as passengers, either by payment of their own fares, by pass, or after having completed an assignment.

Violation of this policy will result in immediate suspension and possible termination as provided below.

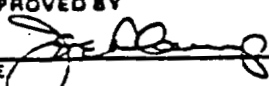
DISTRIBUTION:

All holders of the "Policy and Procedures Manual", and posting on bulletin boards to the extent of insuring proper notice to all vessel employees.

FIRST OFFENSE: Two workweek Suspension

In addition to the two workweek suspension, successful completion of an appropriately recognized rehabilitation program will be required if there is evidence of a serious abuse problem. In the event the program extends beyond the two workweek suspension, vessel assignment will not take place until successful completion of the rehabilitation program. Should there be a question between the parties as to whether the employee has a serious problem in this respect, the option exists to require professional evaluation to determine if in fact a rehabilitation program is recommended.

SECOND OFFENSE: Termination.

STATE OF ALASKA DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES POLICY AND PROCEDURES		P & P No.	Page
		25-8001	2 OF 2
SUBJECT USE AND POSSESSION OF INTOXICANTS		Effective Date	
		3-1-85	
		Supersedes P & P No.	Dated
		25-8001	7-1-84
		APPROVED BY	
			
DIVISION AK Marine Highway System	SECTION Operations	CHAPTER TITLE Vessel Personnel	

PROCEDURE:

If a vessel's officer, or other enforcer of the policy has a reasonable belief that a crew member has contraband intoxicants aboard the vessel, a subsequent search of the crew member's quarters may be authorized by the ship's Master or the senior licensed officer present in the absence of the Master. A reasonable belief may arise from the detection of the odor of alcohol or marijuana about a member of the crew, or an observation of drug paraphernalia.

In addition, a reasonable belief may arise in the course of the federally mandated sanitary inspection, or at any other time, if the inspector notices contraband intoxicants, which are in plain view. There are many other ways in which a reasonable belief may arise, but they all must be based upon objective, articulable facts.

An administrative search based on reasonable belief must be as limited as possible to carry out the purposes of the search-the discovery and confiscation of contraband intoxicants. If a crew member is suspected of possessing alcohol, the search should only include those areas in which alcohol could be secreted.

Similarly, if the member is suspected of possessing non-prescribed controlled substances, the search should be only for those substances, and only in a place where they may be kept.

The search party is to consist of a licensed officer and a witness, preferably from another vessel department and the appropriate union delegate if available.

In the case of alcohol or small amounts of marijuana, confiscation and imposition of suspension, either immediately or at the next port, is the preferred course. If the search turns up large quantities of marijuana (over one pound) or other non-prescribed controlled substances, the contraband can be seized and locked in a secured, limited access area, or the quarters can be sealed and placed off limits to all personnel. Then, the vessel officer who conducted the search and made the discovery should prepare a written report of the incident and notify law enforcement authorities to meet the ferry at the next port. Further questioning of the crew member should not be undertaken in the absence of law enforcement personnel.

Information concerning any offense involving the use and possession of intoxicants shall be entered into the ship's log in order to substantiate possible U.S. Coast Guard inquiry and action.

**URINE COLLECTION FOR DRUG
TESTING
ALCOHOL RESULTS ALSO
INDICATED**

PATROLOGY ASSOCIATES
MEDICAL LABORATORY100 BOX 4001 • ANCHORAGE, WA 99501
(509) 926-2400 • (1-800) 641-7891
FAX (509) 922-5281FORM 12 9999-0003
EXPIRATION DATE: 10-10-97

SPECIMEN ID NO.

PATROLOGY ASSOCIATES

LABORATORY ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No.

ALCASA MARINE & SUPPLY CO. INC.
12345 MARINE DRIVE
ANCHORAGE, AK 99501
123-456-7890

B. MRO Name and Address

DR. MARY DEMERS DO MCH
341 WEST TIGER ROAD STE 106
ANCHORAGE AK 99503
907-563-8378

C. Donor SSN or Employee I.D. No.

D. Reason for Test:

☐ Pre-employment☐ Random☐ Reasonable Suspicion/Cause☒ Post Accident☐ Return to Duty☐ Follow-up☐ Other (specify) _____

E. Tests to be Performed:

☒ THC, Cocaine, PCP, Opiates and Amphetamines☐ Only THC and Cocaine☐ OTHER (specify) _____

STEP 2: TO BE COMPLETED BY COLLECTOR - Specimen temperature must be read within 4 minutes of collection.

Specimen temperature within range: ☒ Yes, 90° - 100°F/32° - 38°C☐ No, Record specimen temperature here _____

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: SEE BELOW

STEP 5: TO BE COMPLETED BY COLLECTOR - RETURN TO COPY 1

COLLECTION SITE LOCATION:

M/V Columbia

Collection Facility

3132 Channel Dr.

Address

(907) 465-8843

Collector's Business Phone No.

Sitka

City

AK

State

99801

Zip

SPLIT SPECIMEN
COLLECTION☒ YES ☐ NO

REMARKS:

I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification on Copy 4 of this form, that it bears the same specimen identification number as that set forth above, and that it has been collected, labelled and sealed as in accordance with applicable Federal requirements.

Mike D. Kiesel

(PRINT) Collector's Name (First, MI, Last)

[Signature]

Signature of Collector

6/6/00

Date (Mo./Day/Yr.)

1:35 PM

Time

STEP 6: TO BE INITIATED BY THE COLLECTOR AND COMPLETED AS NECESSARY THEREAFTER

DATE MO. DAY YR.	SPECIMEN RELEASED BY	SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
6/6/00	DONOR - NO SIGNATURE	Signature [Signature] Name Mike D. Kiesel	PROVIDE SPECIMEN FOR TESTING
1/1	Signature _____ Name _____	Signature _____ Name _____	
1/1	Signature _____ Name _____	Signature _____ Name _____	
1/1	Signature _____ Name _____	Signature _____ Name _____	

STEP 4: TO BE COMPLETED BY DONOR

Daytime Phone No. [Redacted]

Evening Phone No. [Redacted]

Date of Birth

02/27/51

Date (Mo. / Day / Yr.)

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; that each specimen bottle used was sealed with a tamper-evident seal in my presence and that the information provided on this form and on the label affixed to each specimen bottle is correct.

ALAN F. LEE

(PRINT) Donor's Name (First, MI, Last)

[Signature]

Signature of Donor

6/6/2000

Date (Mo. / Day / Yr.)

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications as a "memory jogger." THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). —DO NOT LIST ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 8: TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

I have reviewed the laboratory results for this specimen identified by this form in accordance with applicable federal requirements. My determination/verification is:

☐ Negative☐ Positive☐ Test Not Performed☐ Test Cancelled

REMARKS _____

(PRINT) Medical Review Officer's Name (First, MI, Last)

Signature of Medical Review Officer

Date (Mo. / Day / Yr.)

COPY 4 - SEND DIRECTLY TO MEDICAL REVIEW OFFICER - DO NOT SEND TO LABORATORY

SPECIMEN ID NO.

LABORATORY ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No.
B. MRO Name and Address
DR MARY DEMERS DO/PH
141 WEST TUDOR ROAD STE 106
ANCHORAGE AK 99503
907-563-8378

C. Donor SSN or Employee I.D. No. [REDACTED]

D. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☒ Post Accident
☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____

E. Tests to be Performed: ☒ THC, Cocaine, PCP, Opiates and Amphetamines
☐ Only THC and Cocaine ☐ OTHER (specify) _____

STEP 2: TO BE COMPLETED BY COLLECTOR - Specimen temperature must be read within 4 minutes of collection.

Specimen temperature within range: ☒ Yes, 90° - 100°F/32° - 38°C ☐ No, Record specimen temperature here _____

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s)

STEP 4: SEE BELOW

STEP 5: TO BE COMPLETED BY COLLECTOR - RETURN TO COPY 1

COLLECTION SITE LOCATION: <u>MTV Columbia</u> Collection Facility <u>3132 Channel Dr.</u> Address <u>ETCH 01600</u>		<u>907 563-8843</u> Collector's Business Phone No. <u>Jurupa</u> City <u>AK</u> State <u>20</u> Zip		SPLIT SPECIMEN COLLECTION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
REMARKS: <u>ETCH 01600</u>		<u>Mark D. Kiser</u> (PRINT) Collector's Name (First, MI, Last)		<u>6/6/00</u> Date (Mo./Day/Yr.)
<u>Mark D. Kiser</u> (PRINT) Collector's Name (First, MI, Last)		<u>[Signature]</u> Signature of Collector		<u>50</u> AM Time

STEP 6: TO BE INITIATED BY THE COLLECTOR AND COMPLETED AS NECESSARY THEREAFTER

DATE MO. DAY YR.	SPECIMEN RELEASED BY	SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
<u>6/6/00</u>	DONOR - NO SIGNATURE	Signature <u>[Signature]</u> Name <u>Mark D. Kiser</u>	PROVIDE SPECIMEN FOR TESTING
<u>1/1</u>	Signature _____ Name _____	Signature _____ Name _____	
<u>1/1</u>	Signature _____ Name _____	Signature _____ Name _____	
<u>1/1</u>	Signature _____ Name _____	Signature _____ Name _____	

STEP 4: TO BE COMPLETED BY DONOR

Daytime Phone No. [REDACTED] Evening Phone No. 5638380 Date of Birth 2/13/38
Date (Mo./Day/Yr.)

I certify that I provided my urine specimen to the collector, that I have not adulterated in any manner; that each specimen bottle used was sealed with a tamper-evident seal in my presence and that the information provided on this form and on the label affixed to each specimen bottle is correct.

LEE H. CHAPMAN
(PRINT) Donor's Name (First, MI, Last)

[Signature]
Signature of Donor

6/6/00
Date (Mo./Day/Yr.)

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications as a "memory jogger." THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). —DO NOT LIST ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 8: TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable federal requirements. My determination/verification is:

☐ Negative ☐ Positive ☐ Test Not Performed ☐ Test Cancelled

REMARKS _____

[Signature]
(PRINT) Medical Review Officer's Name (First, MI, Last)

[Signature]
Signature of Medical Review Officer

1/1
Date (Mo./Day/Yr.)

COPY 4 - SEND DIRECTLY TO MEDICAL REVIEW OFFICER - DO NOT SEND TO LABORATORY

PATHOLOGY ASSOCIATES
MEDICAL LABORATORIES

DATE: 06/06/00

TIME: 03:00 PM

SPECIMEN ID NO.

00417822

LABORATORY ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No.

ALASKA MARINE HIGHWAYS SYS
1000 CHURCH ST
ANCHORAGE, AK 99501-2378
CITY OF ANCHORAGE

B. MRO Name and Address

DR MARY DEMERS DO/MPH
541 WEST TUDOR ROAD STE 106
ANCHORAGE AK 99503
907-563-8378

C. Donor SSN or Employee I.D. No.

D. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☒ Post Accident
☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____

E. Tests to be Performed:

☒ THC, Cocaine, PCP, Opiates and Amphetamines☐ Only THC and Cocaine☐ OTHER (specify) _____

STEP 2: TO BE COMPLETED BY COLLECTOR - Specimen temperature must be read within 4 minutes of collection.

Specimen temperature within range: ☒ Yes, 90° - 100°F/32° - 38°C☐ No, Record specimen temperature here _____

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s)

STEP 4: SEE BELOW

STEP 5: TO BE COMPLETED BY COLLECTOR - RETURN TO COPY 1

COLLECTION SITE LOCATION:

NIV COLUMBIA

Collection Facility

3132 CHANNEL DR

Address

(907) 465-8943

Collector's Business Phone No.

JUNEAU

City

AK

State

99801

Zip

SPLIT SPECIMEN
COLLECTION☒ YES ☐ NO

REMARKS: ETOH = 0.000

I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification on Copy 4 of this form, that it bears the same specimen identification number as that set forth above, and that it has been collected, labeled and sealed in accordance with applicable Federal requirements.

Mark D. Kiesel

(PRINT) Collector's Name (First, MI, Last)

Signature of Collector

6/6/00

Date (Mo./Day/Yr.)

1:50 PM

Time

STEP 6: TO BE INITIATED BY THE COLLECTOR AND COMPLETED AS NECESSARY THEREAFTER

DATE MO. DAY YR.	SPECIMEN RELEASED BY	SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
6/6/00	DONOR - NO SIGNATURE	Signature: Mark D. Kiesel Name: Mark D. Kiesel	PROVIDE SPECIMEN FOR TESTING
/ /	Signature: _____ Name: _____	Signature: _____ Name: _____	
/ /	Signature: _____ Name: _____	Signature: _____ Name: _____	
/ /	Signature: _____ Name: _____	Signature: _____ Name: _____	

STEP 4: TO BE COMPLETED BY DONOR

Daytime Phone No. (907) 465-8943

Evening Phone No. ✓ ✓

Date of Birth 08/31/50

Date (Mo. / Day / Yr.)

I certify that I provided my urine specimen to the collector, that I have not adulterated it in any manner, that each specimen bottle used was sealed with a tamper-evident seal in my presence and that the information provided on this form and on the label affixed to each specimen bottle is correct.

GEORGE M. BREWSTER

(PRINT) Donor's Name (First, MI, Last)

Signature of Donor

6/6/00

Date (Mo. / Day / Yr.)

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications as a "memory jogger." THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). —DO NOT LIST ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable federal requirements. My determination/verification is:
☐ Negative ☐ Positive ☐ Test Not Performed ☐ Test Cancelled

REMARKS

(PRINT) Medical Review Officer's Name (First, MI, Last)

Signature of Medical Review Officer

Date (Mo. / Day / Yr.)

COPY 4 - SEND DIRECTLY TO MEDICAL REVIEW OFFICER - DO NOT SEND TO LABORATORY

PATHEMAT ASSOCIATES
 MEDICAL LABORATORIES

 (609) 928-2400 • (1-800) 641-785
 FAX (609) 922-6281

SPECIMEN ID NO.

LABORATORY ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No.

 3132 Channel Drive
 Anchorage, AK 99503
 Capt. George Kapacoff

B. MRO Name and Address

 DR. MARK DEMERS DO/PH
 341 WEST TUBBS ROAD STE 106
 ANCHORAGE, AK 99503
 907-583-8378

C. Donor SSN or Employee I.D. No.

 D. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☒ Post Accident
☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____

E. Tests to be Performed:

☒ THC, Cocaine, PCP, Opiates and Amphetamines
☐ Only THC and Cocaine ☐ OTHER (specify) _____

STEP 2: TO BE COMPLETED BY COLLECTOR - Specimen temperature must be read within 4 minutes of collection.

 Specimen temperature within range: ☒ Yes, 90° - 100°F/32° - 38°C ☐ No, Record specimen temperature here _____

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s), Donor initials seal(s).

STEP 4: SEE BELOW

STEP 5: TO BE COMPLETED BY COLLECTOR - RETURN TO COPY 1

COLLECTION SITE LOCATION:

 M/V Columbia
 3132 Channel Dr.
 Anchorage, AK

(907) 465-5843

Collector's Business Phone No.

Anchorage City State Zip

SPLIT SPECIMEN COLLECTION

☒ YES ☐ NO

REMARKS: ETOH = 0.000

I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification on Copy 4 of this form, that it bears the same specimen identification number as that set forth above, and that it has been collected, labeled and sealed as in accordance with applicable Federal requirements.

 Mark D. Kiesel
 (PRINT) Collector's Name (First, MI, Last)

Signature of Collector

Date (Mo./Day/Yr.)

1815 AM PM

STEP 6: TO BE INITIATED BY THE COLLECTOR AND COMPLETED AS NECESSARY THEREAFTER

DATE MO. DAY YR.	SPECIMEN RELEASED BY	SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
6/6/00	DONOR - NO SIGNATURE	Signature: Mark D. Kiesel Name: Mark D. Kiesel	PROVIDE SPECIMEN FOR TESTING
1/1	Signature: _____ Name: _____	Signature: _____ Name: _____	
1/1	Signature: _____ Name: _____	Signature: _____ Name: _____	
1/1	Signature: _____ Name: _____	Signature: _____ Name: _____	

STEP 4: TO BE COMPLETED BY DONOR

Daytime Phone No. [REDACTED]

Evening Phone No. (507) 583-8378

Date of Birth: 11/03/51

Date (Mo. / Day / Yr.)

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; that each specimen bottle used was sealed with a tamper-evident seal in my presence and that the information provided on this form and on the label affixed to each specimen bottle is correct.

 Tom A. Cook
 (PRINT) Donor's Name (First, MI, Last)

 X Tom A. Cook
 Signature of Donor

 6/6/00
 Date (Mo. / Day / Yr.)

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications as a "memory jogger." THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). -DO NOT LIST ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 8: TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

 I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable federal requirements. My determination/verification is:
 ☐ Negative ☐ Positive ☐ Test Not Performed ☐ Test Cancelled

REMARKS

(PRINT) Medical Review Officer's Name (First, MI, Last)

Signature of Medical Review Officer

Date (Mo. / Day / Yr.)

COPY 4 - SEND DIRECTLY TO MEDICAL REVIEW OFFICER - DO NOT SEND TO LABORATORY

PATHOLOGY ASSOCIATES
MEDICAL LABORATORIES

SPECIMEN ID NO.

LABORATORY ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No.

3000 N. 10TH AVE
ANCHORAGE, AK 99503
GEORGE KAPORCI

B. MRO Name and Address

DR. MARY DEMERS DO/MPH
341 W. TUDOR ROAD STE 100
ANCHORAGE, AK 99503
907-555-8378

C. Donor SSN or Employee I.D. No.

D. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☒ Post Accident
☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____

E. Tests to be Performed:

☒ THC, Cocaine, PCP, Opiates and Amphetamines☐ Only THC and Cocaine☐ OTHER (specify) _____

STEP 2: TO BE COMPLETED BY COLLECTOR - Specimen temperature must be read within 4 minutes of collection.

Specimen temperature within range: ☒ Yes, 90° - 100°F/32° - 38°C ☐ No, Record specimen temperature here _____

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: SEE BELOW

STEP 5: TO BE COMPLETED BY COLLECTOR - RETURN TO COPY 1

COLLECTION SITE LOCATION:

1111 Columbia
Collection Facility
3122 Channel Dr.
Address

(907) 465-8843
Collector's Business Phone No.
Yukon
City
AK
State
99501
Zip

SPLIT SPECIMEN
COLLECTION☒ YES ☐ NO

REMARKS:

I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification on Copy 4 of this form, that it bears the same specimen identification number as that set forth above, and that it has been collected, labelled and sealed as in accordance with applicable Federal requirements.

Mark D. Kiesel
(PRINT) Collector's Name (First, MI, Last)

Signature of Collector

Date (Mo./Day/Yr.)

1800
Time

STEP 6: TO BE INITIATED BY THE COLLECTOR AND COMPLETED AS NECESSARY THEREAFTER

DATE MO. DAY YR.	SPECIMEN RELEASED BY	SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
6/6/00	DONOR - NO SIGNATURE	Signature: <u>Mark D. Kiesel</u> Name: <u>Mark D. Kiesel</u>	PROVIDE SPECIMEN FOR TESTING
1/1	Signature: _____ Name: _____	Signature: _____ Name: _____	
1/1	Signature: _____ Name: _____	Signature: _____ Name: _____	
1/1	Signature: _____ Name: _____	Signature: _____ Name: _____	

STEP 4: TO BE COMPLETED BY DONOR

Daytime Phone No. _____

Evening Phone No. _____

Date of Birth

4/11/85
Date (Mo. / Day / Yr.)

I certify that I provided my urine specimen to the collector, that I have not adulterated it in any manner, that each specimen bottle used was sealed with a tamper-evident seal in my presence and that the information provided on this form and on the label affixed to each specimen bottle is correct.

Donald Hamilton
(PRINT) Donor's Name (First, MI, Last)

Signature of Donor

Date (Mo. / Day / Yr.)

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications as a "memory jogger." THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). --DO NOT LIST ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 8: TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable federal requirements. My determination/verification is:

☐ Negative ☐ Positive ☐ Test Not Performed ☐ Test Cancelled

REMARKS

(PRINT) Medical Review Officer's Name (First, MI, Last)

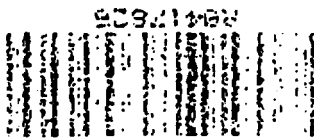
Signature of Medical Review Officer

Date (Mo. / Day / Yr.)

COPY 4 - SEND DIRECTLY TO MEDICAL REVIEW OFFICER - DO NOT SEND TO LABORATORY

20-02 60, 1-1100 35, 1100
2200-6605 24 1100

SPECIMEN ID NO.



LABORATORY ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No.
U.S. MARINE HIGHWAYS SYS
1016 LUNNEL DRIVE
PO BOX 87
CHESAPEAKE VA 22029-0087

B. MRQ Name and Address
DR MARY DEMERS DU/MPH
341 WEST TUDOR ROAD STE 106
ANCHORAGE AK 99503
407-563-8378

D. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☒ Post Accident

E. Tests to be Performed: ☒ THC, Cocaine, PCR, Opiates and Amphetamines ☐ Only THC and Cocaine ☐ OTHER (specify) _____

STEP 2: TO BE COMPLETED BY COLLECTOR - Specimen temperature must be read within 4 minutes of collection.

Specimen temperature within range: ☒ Yes, 90° - 100°F/32° - 38°C ☐ No, Record specimen temperature here

► STEP 4: SEE BELOW

STEP 5: TO BE COMPLETED BY COLLECTOR - RETURN TO COPY 1

COLLECTION SITE LOCATION:

COLLECTION SITE LOCATION: 1111 Columbia
3132 Chemical Dr.
 Address: 3132 Chemical Dr.
 City: Stamford
 State: IL
 Zip: 60581
 Collector's business phone No. 707 1465-5843
☒ YES ☐ NO
 SPUT SPECIMEN COLLECTION

Time	Date (Mo./Day/Yr)	Signature of Collector	Collector's Name (Print, ML, Last)
15:50 PM	6/16/80	[Signature]	W.H.K. D. Rose

STEP 6: TO BE INITIATED BY THE COLLECTOR AND COMPLETED AS NECESSARY THEREAFTER

NO. DAY YR.	6/6/00	SPECIMEN RELEASED BY	Signature <i>[Signature]</i> Name <i>Walter D. E. 101</i>	PROVIDE SPECIMEN FOR TESTING
		SPECIMEN RECEIVED BY		PURPOSE OF CHANGE

STEP 4: TO BE COMPLETED BY DONOR

Daytime Phone No. [REDACTED] Evening Phone No. 1-5462 Date of Birth 10/7/67 Date (Mo./Day/Yr.)

STEP 8: TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable federal requirements. My determination/verification is:

REMARKS:

Signature of Medical Review Officer _____
Date (Mo./Day/Yr) _____

COPY 4 - SEND DIRECTLY TO MEDICAL REVIEW OFFICER - DO NOT SEND TO LABORATORY

17

SPECIMEN ID NO.

LABORATORY ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No.

3300 MARINE HIGHWAY NYS
ANCHORAGE AK 99503
907-553-8578

B. MRO Name and Address

33. MARY PENESE ROAD STE 106
ANCHORAGE AK 99503
907-553-8578

C. Donor SSN or Employee I.D. No.

D. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☒ Post Accident
☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____

E. Tests to be Performed:

☒ THC, Cocaine, PCP, Opiates and Amphetamines☐ Only THC and Cocaine☐ OTHER (specify) _____

STEP 2: TO BE COMPLETED BY COLLECTOR - Specimen temperature must be read within 4 minutes of collection.

Specimen temperature within range: ☒ Yes, 90° - 100°F/32° - 38°C ☐ No, Record specimen temperature here _____

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal.

STEP 4: SEE BELOW

STEP 5: TO BE COMPLETED BY COLLECTOR - RETURN TO COPY 1

COLLECTION SITE LOCATION:

3132 Columbia
Collection Facility
3132 Channel Dr.
Address

(907) 465-8842
Collector's Business Phone No.
City State Zip

SPLIT SPECIMEN
COLLECTION☒ YES ☐ NO

REMARKS: ETOH = 0.000
I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification on Copy 4 of this form, that it bears the same specimen identification number as that set forth above, and that it has been collected, labeled and sealed as in accordance with applicable Federal requirements.

Mark D. Kiesel
(PRINT) Collector's Name (First, MI, Last)

Signature of Collector

Date (Mo./Day/Yr.)

15.45
Time

STEP 6: TO BE INITIATED BY THE COLLECTOR AND COMPLETED AS NECESSARY THEREAFTER

DATE MO DAY YR	SPECIMEN RELEASED BY	SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
6/16/00	DONOR - NO SIGNATURE	Signature: Mark D. Kiesel Name: Mark D. Kiesel	PROVIDE SPECIMEN FOR TESTING
1/1	Signature: _____ Name: _____	Signature: _____ Name: _____	
1/1	Signature: _____ Name: _____	Signature: _____ Name: _____	
1/1	Signature: _____ Name: _____	Signature: _____ Name: _____	

STEP 4: TO BE COMPLETED BY DONOR

Daytime Phone No. _____

Evening Phone No. _____

Date of Birth 3/09/53

Date (Mo./Day/Yr.)

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; that each specimen bottle used was sealed with a tamper-evident seal in my presence and that the information provided on this form and on the label affixed to each specimen bottle is correct.

John McMahon
(PRINT) Donor's Name (First, MI, Last)

X: John McMahon
Signature of Donor

6 6 00
3/09/53
Date (Mo./Day/Yr.)

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications as a "memory jogger." THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5).—DO NOT LIST ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 8: TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable federal requirements. My determination/verification is:

☐ Negative ☐ Positive ☐ Test Not Performed ☐ Test Cancelled

REMARKS _____

(PRINT) Medical Review Officer's Name (First, MI, Last)

Signature of Medical Review Officer

Date (Mo./Day/Yr.)

COPY 4 - SEND DIRECTLY TO MEDICAL REVIEW OFFICER - DO NOT SEND TO LABORATORY



P.O. Box 3887 • Spokane, WA 99
(509) 826-2400 • (1-800) 541-789
FAX (509) 822-8281

SPECIMEN ID NO.

LABORATORY ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No.

1000 N. HANCOCK AVE
DIVISION
PO BOX 99001-7000
ANCHORAGE, AK 99501

B. MRO Name and Address

MR. MARY DEERES DO/MPH
341 WEST TUDOR ROAD STE 106
ANCHORAGE, AK 99503
907-563-8378

C. Donor SSN or Employee I.D. No.

D. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☒ Post Accident
☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____

E. Tests to be Performed:

☒ THC, Cocaine, PCP, Opiates and Amphetamines☐ Only THC and Cocaine☐ OTHER (specify) _____

STEP 2: TO BE COMPLETED BY COLLECTOR - Specimen temperature must be read within 4 minutes of collection.

Specimen temperature within range: ☒ Yes, 80° - 100°F/32° - 38°C ☐ No. Record specimen temperature here _____

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: SEE BELOW

STEP 5: TO BE COMPLETED BY COLLECTOR - RETURN TO COPY 1

COLLECTION SITE LOCATION:

1114 Columbia
Collection Facility
3132 Channel Dr.
Address

(907) 465-8543
Collector's Business Phone No.
Juneau
City
AK
State
99801
Zip

SPLIT SPECIMEN COLLECTION

☒ YES ☐ NO

REMARKS:

I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification on Copy 4 of this form, that it bears the same specimen identification number as that set forth above, and that it has been collected, labeled and sealed as in accordance with applicable Federal requirements.

Mark D. Kiesel

(PRINT) Collector's Name (First, MI, Last)

Mark D. Kiesel

Signature of Collector

6/6/00

Date (Mo./Day/Yr.)

Kiesel

Time

STEP 6: TO BE INITIATED BY THE COLLECTOR AND COMPLETED AS NECESSARY THEREAFTER

DATE MO. DAY YR.	SPECIMEN RELEASED BY	SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
6/6/00	DONOR - NO SIGNATURE	Signature: Mark D. Kiesel Name: Mark D. Kiesel	PROVIDE SPECIMEN FOR TESTING
1/1	Signature: _____ Name: _____	Signature: _____ Name: _____	
1/1	Signature: _____ Name: _____	Signature: _____ Name: _____	
1/1	Signature: _____ Name: _____	Signature: _____ Name: _____	

STEP 4: TO BE COMPLETED BY DONOR

Daytime Phone No. [REDACTED]

Evening Phone No. [REDACTED]

SAME

Date of Birth

08/13/64

Date (Mo./Day/Yr.)

I certify that I provided my urine specimen to the collector, that I have not adulterated it in any manner; that each specimen bottle used was sealed with a tamper-evident seal in my presence and that the information provided on this form and on the label affixed to each specimen bottle is correct.

Daniel James Rhodes

(PRINT) Donor's Name (First, MI, Last)

X Daniel James Rhodes

Signature of Donor

6/6/00

Date (Mo./Day/Yr.)

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications as a "memory jogger." THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). —DO NOT LIST ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 8: TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable federal requirements. My determination/verification is:

☐ Negative ☐ Positive ☐ Test Not Performed ☐ Test Cancelled

REMARKS

(PRINT) Medical Review Officer's Name (First, MI, Last)

Signature of Medical Review Officer

Date (Mo./Day/Yr.)

COPY 1 - SEND DIRECTLY TO MEDICAL REVIEW OFFICER. DO NOT SEND TO LABORATORY

43

COPY 4 - SEND DIRECTLY TO MEDICAL REVIEW OFFICER - DO NOT SEND TO LABORATORY

(PRINT) Medical Review Officer's Name (First, MI, Last) _____
 Signature of Medical Review Officer _____
 Date (Mo./Day/Yr.) _____
 REMARKS _____
☐ Negative ☐ Positive ☐ Test Not Performed ☐ Test Cancelled
 I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable federal requirements. My determination/verification is:

STEP 8: TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications as a "memory jogger." THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5).—DO NOT LIST ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

(PRINT) Donor's Name (First, MI, Last) GLEN A. SCOTT
 Signature of Donor X Glen A. Scott
 Date (Mo./Day/Yr.) 6/6/00

I certify that I provided my urine specimen to the collector that I have not adulterated it in any manner, that each specimen bottle used was sealed with a tamper-evident seal at my presence and that the information provided on this form and on the label affixed to each specimen bottle is correct.

Daytime Phone No. _____ Evening Phone No. 15MFE
 Date of Birth 12/02/47
 Date (Mo./Day/Yr.) _____

STEP 4: TO BE COMPLETED BY DONOR

MO. DAY YR.	SPECIMEN RELEASED BY	SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
6/6/00	<u>Donor - NO SIGNATURE</u>	<u>Signature: [illegible]</u> Name: <u>[illegible]</u>	PROVIDE SPECIMEN FOR TESTING

STEP 6: TO BE INITIATED BY THE COLLECTOR AND COMPLETED AS NECESSARY THEREAFTER

(PRINT) Collector's Name (First, MI, Last) [illegible]
 Signature of Collector [illegible]
 Date (Mo./Day/Yr.) 6/6/00

I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification on Copy 4 of this form, that it bears the same specimen identification number as that set forth above, and that it has been collected, labelled and sealed as in accordance with applicable Federal requirements.

REMARKS: 3132 (illegible)
3132 (illegible)
3132 (illegible)

Collection Facility [illegible]
 Address [illegible]
 City [illegible]
 State [illegible]
 Zip [illegible]

Collector's Business Phone No. [illegible]

YES ☒ NO ☐
 SPLIT SPECIMEN COLLECTION

STEP 5: TO BE COMPLETED BY COLLECTOR - RETURN TO COPY 1

STEP 4: SEE BELOW

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s)

Specimen temperature within range: ☒ Yes, 90° - 100°F/32° - 38°C ☐ No, Record specimen temperature here _____
 Specimen temperature must be read within 4 minutes of collection.

STEP 2: TO BE COMPLETED BY COLLECTOR

A. Employer Name, Address and I.D. No. _____
 B. MRO Name and Address _____
 C. Donor SSN or Employee I.D. No. _____
 D. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☒ Post Accident
 E. Tests to be Performed: ☒ THC, Cocaine, PCP, Opiates and Amphetamines ☐ Only THC and Cocaine ☐ OTHER (specify) _____
 F. Return to Duty ☐ Follow-up ☐ Other (specify) _____

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

SPECIMEN ID NO. _____
 LABORATORY ACCESSION NO. _____
 PATHELOGIC ASSOCIATES
 MEDICAL LABORATORIES
 P.O. Box 2687 • Spokane, WA 992
 (509) 828-2400 • (1-800) 641-7891
 FAX (509) 922-6281
 P. 02
 FAX NO. 5638380
 WORKSAFE INC
 JUN-12-2000 MON 03: PM

SPECIMEN ID NO.

LABORATORY ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No.

GEORGE CAPACCI
341 WEST TUGGER ROAD STE 106
ANCHORAGE AK 99503
907-543-8378

B. MRO Name and Address

DR MARY DEMERS DO/MPH
341 WEST TUGGER ROAD STE 106
ANCHORAGE AK 99503
907-543-8378

C. Donor SSN or Employee I.D. No.

D. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☒ Post Accident
☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____

E. Tests to be Performed:

☒ THC, Cocaine, PCP, Opiates and Amphetamines☐ Only THC and Cocaine☐ OTHER (specify) _____

STEP 2: TO BE COMPLETED BY COLLECTOR - Specimen temperature must be read within 4 minutes of collection.

Specimen temperature within range: ☒ Yes, 90° - 100°F/32° - 38°C ☐ No, Record specimen temperature here _____

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s)

STEP 4: SEE BELOW

STEP 5: TO BE COMPLETED BY COLLECTOR - RETURN TO COPY 1.

COLLECTION SITE LOCATION:

3132 Channel Dr.
Collection Facility
Address(907) 465-5842
Collector's Business Phone No.
Juneau
City State ZipSPLIT SPECIMEN
COLLECTION☒ YES ☐ NO

REMARKS:

I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification on Copy 4 of this form, that it bears the same specimen identification number as that set forth above, and that it has been collected, labeled and sealed as in accordance with applicable Federal requirements.

Mark D. Kiesel
(PRINT) Collector's Name (First, MI, Last)

Signature of Collector

6/6/00
Date (Mo./Day/Yr.)1:10 PM
Time

STEP 6: TO BE INITIATED BY THE COLLECTOR AND COMPLETED AS NECESSARY THEREAFTER

MO. DATE DAY YR.	SPECIMEN RELEASED BY	SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
6/6/00	DONOR - NO SIGNATURE	Signature: Mark D. Kiesel Name: Mark D. Kiesel	PROVIDE SPECIMEN FOR TESTING
1/1	Signature: _____ Name: _____	Signature: _____ Name: _____	
1/1	Signature: _____ Name: _____	Signature: _____ Name: _____	
1/1	Signature: _____ Name: _____	Signature: _____ Name: _____	

STEP 4: TO BE COMPLETED BY DONOR

Daytime Phone No. 907-543-8378 Evening Phone No. Same Date of Birth 6/17/65
Date (Mo. / Day / Yr.)

I certify that I provided my urine specimen to the collector, that I have not adulterated it in any manner, that each specimen bottle used was sealed with a tamper-evident seal in my presence and that the information provided on this form and on the label affixed to each specimen bottle is correct.

PATRICK PHILLIPS
(PRINT) Donor's Name (First, MI, Last)

Signature of Donor

6/6/00
Date (Mo. / Day / Yr.)

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications as a "memory jogger." THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5).—DO NOT LIST ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 8: TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable federal requirements. My determination/verification is:
☐ Negative ☐ Positive ☐ Test Not Performed ☐ Test Cancelled

REMARKS

(PRINT) Medical Review Officer's Name (First, MI, Last)

Signature of Medical Review Officer

Date (Mo. / Day / Yr.)

COPY 4 - SEND DIRECTLY TO MEDICAL REVIEW OFFICER - DO NOT SEND TO LABORATORY

PATHOLOGY ASSOCIATES
MEDICAL LABORATORIES(509) 926-2400 • (1-800) 841-7891
FAX (509) 922-6281REF: 9999-0023
EXPIRE DATE: 06-10-07

SPECIMEN ID NO.

LABORATORY ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No.
ALBION MAKING HIGHWAYS SYS
13111 HUNTER DRIVE
PO BOX 100001-7800
ANCHORAGE, AK 99501-7800

B. MRO Name and Address
DR MARY DEMERS DU/MDH
341 WEST TUDOR ROAD STE 106
ANCHORAGE AK 99503
907-543-8378

C. Donor SSN or Employee I.D. No. 60-26-4533

D. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☒ Post Accident
☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____

E. Tests to be Performed: ☒ THC, Cocaine, PCP, Opiates and Amphetamines
☐ Only THC and Cocaine ☐ OTHER (specify) _____

STEP 2: TO BE COMPLETED BY COLLECTOR - Specimen temperature must be read within 4 minutes of collection.

Specimen temperature within range: ☒ Yes, 90° - 100°F/32° - 38°C ☐ No, Record specimen temperature here _____

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s)

STEP 4: SEE BELOW

STEP 5: TO BE COMPLETED BY COLLECTOR - RETURN TO COPY 1

COLLECTION SITE LOCATION:

11/14 Columbia

Collection Facility

3132 Chained Dr.

Address

(907) 4165-8543

Collector's Business Phone No.

X-land

City

AK

State

99511

Zip

SPLIT SPECIMEN
COLLECTION☒ YES ☐ NO

REMARKS:

I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification on Copy 4 of this form, that it bears the same specimen identification number as that set forth above, and that it has been collected, labeled and sealed as in accordance with applicable Federal requirements.

M. L. D. Kiser

(PRINT) Collector's Name (First, MI, Last)

M. L. D. Kiser

Signature of Collector

6/16/00

Date (Mo./Day/Yr.)

1915 AM

Time

STEP 6: TO BE INITIATED BY THE COLLECTOR AND COMPLETED AS NECESSARY THEREAFTER

DATE MO. DAY YR.	SPECIMEN RELEASED BY	SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
6/16/00	DONOR - NO SIGNATURE	Signature: M. L. D. Kiser Name: M. L. D. Kiser	PROVIDE SPECIMEN FOR TESTING
1/1	Signature _____ Name _____	Signature _____ Name _____	
1/1	Signature _____ Name _____	Signature _____ Name _____	
1/1	Signature _____ Name _____	Signature _____ Name _____	

STEP 4: TO BE COMPLETED BY DONOR

Daytime Phone No. _____

Evening Phone No. _____

Date of Birth

9/25/41

Date (Mo. / Day / Yr.)

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; that each specimen bottle used was sealed with a tamper-evident seal in my presence and that the information provided on this form and on the label affixed to each specimen bottle is correct.

MELISSA K. WHEELER

(PRINT) Donor's Name (First, MI, Last)

X Melissa Wheeler

Signature of Donor

6/16/00

Date (Mo. / Day / Yr.)

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications as a "memory jogger." THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). —DO NOT LIST ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 8: TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable federal requirements. My determination/verification is:
☐ Negative ☐ Positive ☐ Test Not Performed ☐ Test Cancelled

REMARKS _____

(PRINT) Medical Review Officer's Name (First, MI, Last)

Signature of Medical Review Officer

Date (Mo. / Day / Yr.)

SEND DIRECTLY TO MEDICAL REVIEW OFFICER - DO NOT SEND TO LABORATORY

930 North 500 West, Suite E
 Provo, Utah 84604 • (801) 373-7063 • FAX (801) 373-7152 • 800-967-9766

0000438325

SPECIMEN I.D. NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYEE REPRESENTATIVE

A. Employer Name, Address and I.D. No. Alameda Highway Sys. 3132 Channel Dr. Sunnyside, AL 3132		B. MRO Name and Address Dr. Mark D. Kiesel 3111 West 7th St. Ste 106 Anchorage, AK 99503 (907) 567-5575	
C. Donor SSN or Employee I.D. No. [REDACTED]			
D. Reason for Test: <input type="checkbox"/> pre-employment <input type="checkbox"/> random <input type="checkbox"/> periodic <input type="checkbox"/> reasonable susp/cause <input type="checkbox"/> other specify			
E. Tests to be performed: <input checked="" type="checkbox"/> NIDA 5-THC, COCAINE, PCP, OPIATES and AMPHETAMINES <input type="checkbox"/> NIDA 2-only THC and COCAINE <input type="checkbox"/> OTHER (specify)			

STEP 2: TO BE COMPLETED BY COLLECTOR—Temperature must be read within 4 minutes of collection.

Check the box below if reading is within the specified range.

☒ 60.5° - 69.8°F / 32.5° - 37.7°C If not within range record temperature here

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: TO BE COMPLETED BY DONOR

STEP 5: TO BE COMPLETED BY COLLECTOR

COLLECTION SITE LOCATION 1111 Columbia 3132 Channel Dr. Sunnyside CITY STATE ZIP	NAME ADDRESS CITY STATE ZIP	SPILT SPECIMEN COLLECTION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
REMARKS CONCERNING COLLECTION		COLLECTOR'S BUSINESS TELEPHONE NO. (907) 465-5543
(PRINT) COLLECTOR'S NAME (First, MI, Last) Mark D. Kiesel		DATE 6/6/00

STEP 6: TO BE INITIATED BY THE COLLECTOR AND COMPLETED AS NECESSARY THEREAFTER

MO. DATE DAY YR.	SPECIMEN RELEASED BY	SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
6/6/00	DONOR - NO SIGNATURE	Signature: [Signature] Name: Mark D. Kiesel	PROVIDE SPECIMEN FOR TESTING
/ /	Signature: _____ Name: _____	Signature: _____ Name: _____	
/ /	Signature: _____ Name: _____	Signature: _____ Name: _____	
/ /	Signature: _____ Name: _____	Signature: _____ Name: _____	

STEP 7: TO BE COMPLETED BY DONOR

Daytime Phone No. ()	Evening Phone No. ()	Date of Birth
(PRINT) DONOR'S NAME (First, MI, Last) DEBORAH E LOKTER		SIGNATURE OF DONOR [Signature]
		DATE 6/6/00

STEP 8: TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

(PRINT) MEDICAL REVIEW OFFICER'S NAME (First, MI, Last) [Blank]	SIGNATURE OF MEDICAL REVIEW OFFICER [Blank]	DATE / /
--	--	-------------

SEND DIRECTLY TO MEDICAL REVIEW OFFICER

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LABORATORY ACCESSION NO. 4041280

SPERMEN ID NO. 929-0023

DATE: 06-10-00

A. Employer Name, Address and I.D. No. [REDACTED]
B. MPO Name and Address [REDACTED]
C. Donor SSN or Employee I.D. No. [REDACTED]
D. Reason for Test ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☒ Post Accident
E. Tests to be Performed: ☒ THC, Cocaine, PCP, Opiates and Amphetamines ☐ Only THC and Cocaine ☐ OTHER (specify) _____
F. Return to Duty ☐ Follow-up ☐ Other (specify) _____
Specimen temperature within range: ☒ Yes, 90° - 100°F/32° - 38°C ☐ No, Record specimen temperature here _____
Specimen temperature must be read within 4 minutes of collection.

STEP 2: TO BE COMPLETED BY COLLECTOR - Specimen temperature must be read within 4 minutes of collection.

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: SEE BELOW

STEP 5: TO BE COMPLETED BY COLLECTOR - RETURN TO COPY 1

COLLECTION SITE LOCATION: 3122 Clarno, [REDACTED]
Collection Facility: [REDACTED]
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip: [REDACTED]
Collector's Business Phone No. (967) 445-5513
SPUT SPECIMEN COLLECTION ☐ YES ☐ NO

REMARKS: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification on Copy 4 of this form, that it bears the same specimen identification number as that set forth above, and that it has been collected, labeled and sealed as in accordance with applicable Federal requirements.

(PRINT) Collector's Name (First, MI, Last) [REDACTED]
Signature of Collector [REDACTED]
Date (Mo./Day/Yr.) 6/6/00

STEP 6: TO BE INITIATED BY THE COLLECTOR AND COMPLETED AS NECESSARY THEREAFTER

MO. DAY YR.	SPERMEN RELEASED BY	SPERMEN RECEIVED BY	PURPOSE OF CHANGE
6/6/00	DONOR - NO SIGNATURE	[REDACTED]	FOR TESTING
	Name	Name	
	Signature	Signature	
	Name	Name	
	Signature	Signature	
	Name	Name	
	Signature	Signature	

STEP 4: TO BE COMPLETED BY DONOR

Daytime Phone No. [REDACTED]
Evening Phone No. [REDACTED]
Date of Birth 02-23-47
Date (Mo./Day/Yr.) 06/06/00

Signature of Donor [REDACTED]
Date (Mo./Day/Yr.) 06/06/00

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications as a "memory jogger." THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). -DO NOT LIST ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 8: TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable Federal requirements. My determination/verification is: ☐ Negative ☐ Positive ☐ Test Not Performed ☐ Test Canceled

REMARKS: _____

Signature of Medical Review Officer _____
Date (Mo./Day/Yr.) 6/6/00

COPY 4 - SEND DIRECTLY TO MEDICAL REVIEW OFFICER - DO NOT SEND TO LABORATORY

OMB NO. 9989-0023 EXP. DATE 10/99

DRUG TESTING RESULTS

Results of Controlled Substance Test

Batch ID: 000608
Test Type: Post-accident Test
Specimen ID: A0417822

Participant: George M. Brereton
SSN: ~~642-2000~~
Record Status: Normal

ATTENTION:

J. Lynn Craddock-Melin
Alaska Marine Highways System
3132 Channel Drive
Juneau, AK 99801-7898

Company: Alaska Marine Highways System
Collection Date: 06/06/2000
Specimen Collector: Mark Kiesel
Collection Site: On-Site Collections

Laboratory: Pathology Assoc. Med. Lab's
11604 E. Indiana
Spokane, WA 99206
Medical Review Officer: Dr Mary DeMers, D.O.
MRO Verification Date: 06/08/2000

Results

AMP Negative
COC Negative
OP Negative
MAR Negative
PCP Negative

Results of Controlled Substance Test

Batch ID: 000608
Test Type: Post-accident Test
Specimen ID: A0417826

Participant: Christian S. Biagi
SSN: ~~000-00-0000~~
Record Status: Normal

ATTENTION:

J. Lynn Craddock-Melin
Alaska Marine Highways System
3132 Channel Drive
Juneau, AK 99801-7898

Company: Alaska Marine Highways System
Collection Date: 06/06/2000
Specimen Collector: Mark Kiesel
Collection Site: On-Site Collections

Laboratory: Pathology Assoc. Med. Lab's
11604 E. Indiana
Spokane, WA 99206

Medical Review Officer: Dr Mary DeMers, D.O.
MRO Verification Date: 06/08/2000

Results

AMP Negative
COC Negative
OP Negative
MAR Negative
PCP Negative

Results of Controlled Substance Test

Batch ID: 000608
Test Type: Post-accident Test
Specimen ID: A0417820

Participant: Lee H. Chapman
SSN: ~~000-11-1117~~
Record Status: Normal

ATTENTION:

J. Lynn Craddock-Melin
Alaska Marine Highways System
3132 Channel Drive
Juneau, AK 99801-7898

Company: Alaska Marine Highways System
Collection Date: 06/06/2000
Specimen Collector: Mark Kiesel
Collection Site: On-Site Collections

Laboratory: Pathology Assoc. Med. Lab's
11604 E. Indiana
Spokane, WA 99206
Medical Review Officer: Dr Mary DeMers, D.O.
MRO Verification Date: 06/08/2000

Results

AMP Negative
COC Negative
OP Negative
MAR Negative
PCP Negative

Results of Controlled Substance Test

Batch ID: 000608
Test Type: Post-accident Test
Specimen ID: A0417821

Participant: Tom Cook
SSN: ~~000000000~~
Record Status: Normal

ATTENTION:

J. Lynn Craddock-Melin
Alaska Marine Highways System
3132 Channel Drive
Juneau, AK 99801-7898

Company: Alaska Marine Highways System
Collection Date: 06/06/2000
Specimen Collector: Mark Kiesel
Collection Site: On-Site Collections

Laboratory: Pathology Assoc. Med. Lab's
11604 E. Indiana
Spokane, WA 99206
Medical Review Officer: Dr Mary DeMers, D.O.
MRO Verification Date: 06/08/2000

Results

AMP Negative
COC Negative
OP Negative
MAR Negative
PCP Negative

Results of Controlled Substance Test

Batch ID: 000608
Test Type: Post-accident Test
Specimen ID: A0417819

Participant: Donald Hamilton
SSN: ~~00000000~~
Record Status: Normal

ATTENTION:

J. Lynn Craddock-Melin
Alaska Marine Highways System
3132 Channel Drive
Juneau, AK 99801-7898

Company: Alaska Marine Highways System
Collection Date: 06/06/2000
Specimen Collector: Mark Kiesel
Collection Site: On-Site Collections

Laboratory: Pathology Assoc. Med. Lab's
11604 E. Indiana
Spokane, WA 99206

Medical Review Officer: Dr Mary DeMers, D.O.
MRO Verification Date: 06/08/2000

Results

AMP Negative
COC Negative
OP Negative
MAR Negative
PCP Negative

Results of Controlled Substance Test

Batch ID: 000608
Test Type: Post-accident Test
Specimen ID: A0417828

Participant: Stanley Jones
SSN: ~~XXXXXXXXXX~~
Record Status: Normal

ATTENTION:

J. Lynn Craddock-Melin
Alaska Marine Highways System
3132 Channel Drive
Juneau, AK 99801-7898

Company: Alaska Marine Highways System
Collection Date: 06/06/2000
Specimen Collector: Mark Kiesel
Collection Site: On-Site Collections

Laboratory: Pathology Assoc. Med. Lab's
11604 E. Indiana
Spokane, WA 99206

Medical Review Officer: Dr Mary DeMers, D.O.
MRO Verification Date: 06/08/2000

Results

AMP Negative
COC Negative
OP Negative
MAR Negative
PCP Negative

Results of Controlled Substance Test

Batch ID: 000608
Test Type: Post-accident Test
Specimen ID: A0417824

Participant: Alan Lee
SSN: ~~999999999~~
Record Status: Normal

ATTENTION:

J. Lynn Craddock-Melin
Alaska Marine Highways System
3132 Channel Drive
Juneau, AK 99801-7898

Company: Alaska Marine Highways System
Collection Date: 06/06/2000
Specimen Collector: Mark Kiesel
Collection Site: On-Site Collections

Laboratory: Pathology Assoc. Med. Lab's
11604 E. Indiana
Spokane, WA 99206
Medical Review Officer: Dr Mary DeMers, D.O.
MRO Verification Date: 06/08/2000

Results

AMP Negative
COC Negative
OP Negative
MAR Negative
PCP Negative

Results of Controlled Substance Test

Batch ID: 000608
Test Type: Post-accident Test
Specimen ID: 0000438325

Participant: Deborah E. Lorton
SSN: ~~95-12-0000~~
Record Status: Normal

ATTENTION:

J. Lynn Craddock-Melin
Alaska Marine Highways System
3132 Channel Drive
Juneau, AK 99801-7898

Company: Alaska Marine Highways System
Collection Date: 06/06/2000
Specimen Collector: Mark Kiesel
Collection Site: On-Site Collections

Laboratory: Pathology Assoc. Med. Lab's
11604 E. Indiana
Spokane, WA 99206

Medical Review Officer: Dr Mary DeMers, D.O.
MRO Verification Date: 06/08/2000

Results

AMP Negative
COC Negative
OP Negative
MAR Negative
PCP Negative

Results of Controlled Substance Test

Batch ID: 000608
Test Type: Post-accident Test
Specimen ID: A0417825

Participant: John A. McMahon
SSN: ~~██████████~~
Record Status: Normal

ATTENTION:

J. Lynn Craddock-Melin
Alaska Marine Highways System
3132 Channel Drive
Juneau, AK 99801-7898

Company: Alaska Marine Highways System
Collection Date: 06/06/2000
Specimen Collector: Mark Kiesel
Collection Site: On-Site Collections

Laboratory: Pathology Assoc. Med. Lab's
11604 E. Indiana
Spokane, WA 99206
Medical Review Officer: Dr Mary DeMers, D.O.
MRO Verification Date: 06/08/2000

Results

AMP Negative
COC Negative
OP Negative
MAR Negative
PCP Negative

Results of Controlled Substance Test

Batch ID: 000608
Test Type: Post-accident Test
Specimen ID: A0417829

Participant: Patrick E. Phillips
SSN: ~~61-2-2-2-2-2~~
Record Status: Normal

ATTENTION:

J. Lynn Craddock-Melin
Alaska Marine Highways System
3132 Channel Drive
Juneau, AK 99801-7898

Company: Alaska Marine Highways System
Collection Date: 06/06/2000
Specimen Collector: Mark Kiesel
Collection Site: On-Site Collections

Laboratory: Pathology Assoc. Med. Lab's
11604 E. Indiana
Spokane, WA 99206

Medical Review Officer: Dr Mary DeMers, D.O.
MRO Verification Date: 06/08/2000

Results

AMP Negative
COC Negative
OP Negative
MAR Negative
PCP Negative

L

ab comment : **DILUTE SPECIMEN**

Results of Controlled Substance Test

Batch ID: 000608
Test Type: Post-accident Test
Specimen ID: A0417823

Participant: Daniel J. Rhodes
SSN: ~~60-111-1111~~
Record Status: Normal

ATTENTION:

J. Lynn Craddock-Melin
Alaska Marine Highways System
3132 Channel Drive
Juneau, AK 99801-7898

Company: Alaska Marine Highways System
Collection Date: 06/06/2000
Specimen Collector: Mark Kiesel
Collection Site: On-Site Collections

Laboratory: Pathology Assoc. Med. Lab's
11604 E. Indiana
Spokane, WA 99206
Medical Review Officer: Dr Mary DeMers, D.O.
MRO Verification Date: 06/08/2000

Results

AMP Negative
COC Negative
OP Negative
MAR Negative
PCP Negative

Results of Controlled Substance Test

Batch ID: 000608
Test Type: Post-accident Test
Specimen ID: A0417827

Participant: Glen Scott
SSN: ~~XXXX-XX-XXXX~~
Record Status: Normal

ATTENTION:

J. Lynn Craddock-Melin
Alaska Marine Highways System
3132 Channel Drive
Juneau, AK 99801-7898

Company: Alaska Marine Highways System
Collection Date: 06/06/2000
Specimen Collector: Mark Kiesel
Collection Site: On-Site Collections

Laboratory: Pathology Assoc. Med. Lab's
11604 E. Indiana
Spokane, WA 99206
Medical Review Officer: Dr Mary DeMers, D.O.
MRO Verification Date: 06/08/2000

Results

AMP Negative
COC Negative
OP Negative
MAR Negative
PCP Negative

DRUG AND ALCOHOL PROGRAM AUDIT

United States
Coast Guard



150 ANCHORAGE
Commandant
United States Coast Guard

907 271 751 P.02/02
Washington, DC 20593
Staff Symbol: G-MOA-1
Phone: (202) 257-1430

USCG CHEMICAL TESTING PROGRAM CHECKLIST

Date 20 July 1999

AUDIT FOR EMPLOYER USING A CONSORTIUM/TPA

Name/ON of Vessel AK MARINE Highway SYSTEM Inspected/Uninspected
OWNER CONSORTIUM
Name/Address WORKSAFE

Typical

IF CONSORTIUM HAS A LETTER OF SUBSTANTIAL COMPLIANCE (LOSC) ISSUED BY COMDT HQ G-MOA-1, THEN GO TO PART VIII.

I. CONSORTIUM - 46CFR 16.230 ALL SAT
1 COPY OF CONTRACT 1 PROGRAM ADMIN PER 49CFR 100
1 COPY OF CREW LIST 1 RANDOM TEST PROCEDURES

II. PRE-EMPLOYMENT - 46CFR 16.210 ALL SAT
100 TOTAL # OF TESTS 0 TOTAL # EXEMPTIONS
1 DATES OF EMPLOYMENT

III. RANDOM TESTING - 46CFR 16.230 ALL SAT
1 NOT LESS THAN 50% 1 STATISTICALLY BASED METHOD
1 ALL REQD PERSONNEL 1 SELECTION YEAR ROUND/SEASONAL (#MTHS/2X30%)

IV. EMPLOYEE ASSISTANCE PROGRAM - 46CFR 16.401 ALL SAT
DISPLAY OF EMPLOYER POLICY 1
HOTLINE 1
PROGRAM ADDRESSES EFFECTS/CONSEQUENCES/BEHAVIOR CUES 1
SUPERVISOR RECEIVED 60 MIN OF TRAINING 1 DOCUMENT

V. RECORDS - 46CFR 16.260 ALL SAT
1 MIS REPORT FILED OR LETTER TO G-MOA
1 POS. RESULTS KEPT 5 YRS 1 NEG. RESULTS KEPT 1 YR
1 # OF POS. RESULTS LAST YR 1 MARINERS REMOVED FM SAFETY
1 BLIND TEST PROCEDURES

VI. SERIOUS MARINE INCIDENT - 46CFR 16.240/46CFR 4.08 ALL SAT
PROVISIONS MADE FOR TESTING 1 DRUGS 1 ALCOHOL 1 RAMP 1
IF INSPECTED VSL BREATH TESTING DEVICE ON BOARD 1 LOW
IF UNDERWAY FOR MORE THAN 24 HRS, URINE COLLECTION KITS MAINTAINED ONBOARD
QUALIFIED COLLECTOR OF URINE/BREATH SPECIMENS ONBOARD
OF TESTS LAST YEAR 1 # POSITIVE 1 # NEGATIVE

VII. REASONABLE CAUSE TESTING - 46CFR 16.250/33CFR 95 ALL SAT
1 # OF DRUG TESTS LAST YEAR 1 # POSITIVE 1 # NEGATIVE
1 # REFUSALS
1 # OF ALCOHOL TESTS LAST YEAR 1 # POSITIVE 1 # NEGATIVE
1 # REFUSALS

VIII. MARINE EMPLOYERS WHOSE CONSORTIUM HAS A LETTER OF SUBSTANTIAL COMPLIANCE (LOSC)

1 COPY OF CONTRACT WITH CONSORTIUM
1 COPY OF LATEST MIS FORM OR LETTER STATING CONSORTIUM SUBMITTED ON EMPLOYERS
BEHALF
1 REQUIREMENTS OF PART VI ABOVE

Based on results of a USCG audit on 20 July 99, your chemical testing program IS in full compliance with 46 CFR parts 4 and 16 and 33 CFR 95.

If not in compliance, you have 7/20/99 days to resolve the above discrepancies with your chemical testing program.

ACKNOWLEDGED BY: [Signature] 7/20/99

NAME OF INSPECTOR [Signature] COMMAND 150 ANCHORAGE
BY DIRECTION, COMDT [Signature]

DAPI

U.S. GPO: 1998-422-345R2207

**DRUG AND ALCOHOL TESTING
ANNUAL REPORT FOR USCG MIS
DATABASE**

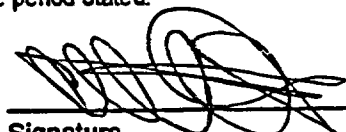
USCG Drug and Alcohol Testing MIS Data Collection Form

Year Covered by this report: 1999

A. MARINE EMPLOYER INFORMATION

Company **Alaska Marine Highways System**
 Address **Capt. George Capacci**
3132 Channel Drive
Juneau, AK 99801-7898

I, the undersigned, certify that the information provided on this United States Coast Guard Drug and Alcohol Testing Management Information System Data Collection Form is, to the best of my knowledge and belief, true, correct, and complete for the period stated.



Alfred Stoddard

03/10/00

Signature

Printed Name

Date

Random Program Manager

(907)563-8378 Ext. 206

Title

Phone Number

Title 18, U.S.C. Section 1001, makes it a criminal offense subject to a maximum fine of \$10,000, or imprisonment for not more than 5 years, or both, to knowingly and willfully make or cause to be made any false or fraudulent statements or representations in any matter within the jurisdiction of any agency of the United States.

B. COVERED EMPLOYEES

Employee category	Covered Employees					
	Number of USCG covered employees	Number of employees covered by more than one DOT Operating Administration				
		FHWA	FAA	FRA	FTA	RSPA
Crewmembers	850	0	0	0	0	0

C. MARINE EMPLOYEE DRUG TESTING INFORMATION

Type of test	Number of Specimens Collected	Number of Specimens Verified Negative	Number of Specimens Verified Positive for One or More of the Five Drugs	Number of Specimens verified positive for each type of drug				
				Marijuana (THC)	Cocaine	Phencyclidine (PCP)	Opiates	Amphetamines
Pre-Employment	24	24	0	0	0	0	0	0
Periodic	3	3	0	0	0	0	0	0
Random	426	422	4	1	3	0	0	0
Post-Accident	0	0	0	0	0	0	0	0
Reasonable Suspicion	0	0	0	0	0	0	0	0
Return to Duty	173	172	1	1	0	0	0	0

Number of persons denied a position as a covered employee following a verified positive drug test:

0

Number of marine employees with a positive drug test verified by an MRO, who were returned to duty in a Covered position, having met the requirements of 46 CFR 16.370(d) and 46 CRF Part 5:

0

65

SPECIMENS VERIFIED POSITIVE FOR MORE THAN ONE DRUG

NUMBER OF VERIFIED POSITIVES	Marijuana (THC)	Cocaine	Phencyclidine (PCP)	Opiates	Amphetamines
0	0	0	0	0	0

EMPLOYEES WHO REFUSED TO SUBMIT TO A DRUG TEST					Number
Covered employees who refused to submit to a random drug test required under USCG regulations:					0
Covered employees who refused to submit to a non-random drug test required under USCG regulations:					1
DRUG AND ALCOHOL TRAINING					Number
Covered employees who have received initial training on the consequences, manifestations, and behavioral cues of drug and alcohol use as required by USCG drug and alcohol testing regulations:					105
Supervisory personnel who have received initial training on the specific contemporaneous physical, behavioral, and performance indicators of probable drug and alcohol use as required by USCG drug and alcohol testing regulations:					0

D. MARINE EMPLOYEE ALCOHOL TESTING INFORMATION

TYPE OF TEST	NUMBER OF TESTS	NUMBER OF TEST RESULTS EQUAL TO OR GREATER THAN 0.04
	0	0

LICENCESES AND
ENDORSEMENTS

**MASTER
M/V COLUMBIA**

SERIAL NUMBER

799967

ISSUE NUMBER

-8-

UNITED STATES COAST GUARD



TO U.S. MERCHANT MARINE OFFICER

This is to certify that *** GEORGE M. BRERETON ***
having been duly examined and found competent by the
undersigned is licensed to serve as MASTER OF STEAM OR MOTOR
VESSELS OF ANY GROSS TONS UPON INLAND WATERS, MASTER OF STEAM OR MOTOR

VESSELS OF NOT MORE THAN 1600 GROSS TONS UPON OCEANS, SECOND MATE OF
STEAM OR MOTOR VESSELS OF ANY GROSS TONS UPON OCEANS, RADAR OBSERVER-
UNLIMITED (EXPIRES 10 SEPTEMBER 2002), FIRST CLASS PILOT OF VESSELS OF
ANY GROSS TONS UPON THE WATERS OF SOUTHEAST ALASKA (EXCLUDING SITKA --

for the term of five years from this date.

"SEE REVERSE"

Given under my hand this 21ST *day of* OCTOBER XX, 1997
EXPIRATION DATE: OCTOBER 21, 2002

JUNEAU, AK

Port

J. W. BARTLETT, LT, USCG

Officer in Charge of Marine Inspection
BY DIRECTION OF OCMI

Additional Endorsements: SITKA SOUND/PORT OF SITKA) AND PUGET SOUND MAIN SHIP CHANNEL
BETWEEN POINT ROBERTS AND ALKI POINT VIA ROSARIO STRAIT INCLUDING THE HARBOR
OF SEATTLE AND THE TERMINAL PORT OF BELLINGHAM (INCLUDING BELLINGHAM CHANNEL).
AUTHORIZED FOR NEAR COASTAL SERVICE UPON THE SHELTERED WATERS OF BRITISH
COLUMBIA AS DEFINED IN THE TREATY BETWEEN THE UNITED STATES AND CANADA SIGNED
11 AUGUST 1934.



LT. USCG

BY DIRECTION OF OCMI

THIS LICENSE EXPIRES ON OCTOBER 21, 2002

Signature of Licensee

George M. Brunton
SSN: ~~XXXXXXXXXX~~

LEFT THUMB PRINT

Z or Book Number

Date of Birth

Place of Birth

Present Address

IMCO NO 2000 0000 0000



United States of America

ENDORSEMENT ATTESTING THE ISSUE OF A CERTIFICATE UNDER THE PROVISIONS OF THE INTERNATIONAL CONVENTION ON STANDARDS OF TRAINING, CERTIFICATION AND WATCHKEEPING FOR SEAFARERS, 1978

The Government of the United States of America certifies that Certificate No. 717526 & [REDACTED] has been issued to GEORGE M. BRERETON who has been found duly qualified in accordance with the provisions of regulation(s) II/2, II/4, II/6, VI of the above Convention, to serve in the capacity or capacities listed below, subject to any limitations indicated.

This endorsement is not valid unless accompanied by a valid US Merchant Mariners' license or document. The lawful holder of this endorsement may serve in the following capacity or capacities specified.

CAPACITY	LIMITATIONS APPLYING (IF ANY)
Master	Limited to vessels of not more than 1600 gross tons on oceans. Not valid for service on radar equipped vessels of 300 or more gross tons after 31 August 1997. Authorized for near coastal service upon the sheltered waters British Columbia as defined in the treaty between the United States and Canada signed on 11 August 1934.
Officer in charge of a navigational watch (second mate)	
Rating forming part of a navigational watch	
Proficient in the use of survival craft	

Date of issue of this endorsement:

04 FEB 1997

Port: JUNEAU, AK

31 AUG 1950

Date of birth of the holder of the certificate

George M Brereton

Signature of the holder of the certificate

Eileen C. Nally

Signature of duly authorized official

EILEEN C. NALLY, LT, USCG

Name of duly authorized official



ENDORSEMENT TO LICENSE

Serial No.

717526

Issue No.

7

DATE: 19 SEPTEMBER 1996: JUNEAU, ALASKA; THIS LICENSE IS AMENDED TO INCLUDE: "AUTHORIZED
FOR NEAR COASTAL SERVICE UPON THE SHELTERED WATERS OF BRITISH COLUMBIA AS DEFINED IN
THE TREATY BETWEEN THE UNITED STATES AND CANADA SIGNED IN 11 AUGUST 1934.

E. C. [Signature], USCG
BY DIRECTION OF OCMI

JUNEAU, ALASKA

Port

Officer-in-Charge, Marine Inspection

OILER (ON WATCH)
M/V COLUMBIA

U.S. MERCHANT MARINER'S DOCUMENT

LEE
HOWARD
CHAPMAN
18386 TEE WAY
JUNEAU AK 99801
Citizenship: USA
SSN: ~~30886777~~ DOB: ~~08/11/1928~~

Expires 03/06/2003

Lee H. Chapman

Hair GREY Eyes BLUE WT 210 HT 74 Complexion FAIR
CORRECTIVE LENSES
OILER, JUNIOR ENGINEER,
ORDINARY SEAMAN,
STEWARDS DEPT. (FH)
Issued by: JUNEAU, AK

Expires 03/06/2003

J. W. BARTLETT, LT, USCG SIP
By Direction of the OCM

U.S. MERCHANT MARINER'S DOCUMENT

THOMAS
ALLEN
COOK
PO BOX 211136
JUNEAU AK 99801-1136
Citizenship USA
SSN: ~~522803974~~ DOB: ~~08/11/1928~~

Expires 09/24/2003

CG-2636 (Rev 7-97)

Issued by U.S. Coast Guard

Hair BROWN Eyes GREEN WT 280 HT 71 SSN 622803974
JUNIOR ENGINEER, OILED OILER,
AD-SPECIAL, STEWARD'S DEPT (FH),
CORRECTIVE LENSES

Issue by: JUNEAU, AK

G.P. Achenbach SIP
By Direction of the OCM

Expires 09/24/2003



08-JUN-2000

Mariner Transaction History Report

Lee Howard Chapman

SSN: ~~2-2-2-2-2-2-2-2-2-2~~

Z Num:

Book Num:

<u>Transaction</u>	<u>Issue City</u>	<u>Issue State</u>	<u>Issue Date</u>
Original	Juneau	AK	06-MAR-1998

Total: 1

End of Report

Certificate of Proficiency

This is to certify that

Lee H Chapman

based on employment with the Alaska Marine Highway System prior to
1 August 1998, qualifies under the "relaxed" method of assessment (as outlined
in Federal Register dated 26 June 1997) for proficiency in

Basic Safety Training (BST)

as required by the International Convention on Standards of Training,
Certification, and Watchkeeping for Seafarers, 1978, as amended in
1995 (STCW)



ALASKA MARINE HIGHWAY
A Proud Tradition

Kelly J. Mitchell
Captain Kelly J. Mitchell, AMHS Port Captain

Date 16 December, 1998

3/A ENGINEER (ON WATCH)
M/V COLUMBIA

SERIAL NUMBER

792789

ISSUE NUMBER

1-1

UNITED STATES COAST GUARD



OFFICER

TO U. S. MERCHANT MARINE OFFICER

***** DANIEL J. RHODES *****

This is to certify that
 having been duly examined and found competent by the
 undersigned is licensed to serve as
 OF STEAM OR MOTOR VESSELS OF ANY HORSEPOWER
 ---THIRD ASSISTANT ENGINEER---

for the term of five years from this date.

Given under my hand this 18th day of July, 19 97.

Seattle, WA

Port

M. J. Mott
 M. J. MOTTIE

By Direction Of
 Officer in Charge of Marine Inspection

08-JUN-2000

Merchant Mariner (MMDoc) System

License History Report

DANIEL JAMES RHODES

SSN: ~~XXXXXXXXXX~~

Z Num:

Book No:

Issue #	Issue Date	Type	Horsepower	Tonnage
Issue City	Issue State	Grade	Propulsion	Water
Transaction	Suspension	Vessel	Tanker	Special
1 - 1	18-JUL-1997	ENGINEER OFFICER	OF ANY HORSEPOWER	NOT APPLICABLE
SEATTLE	WA	THIRD ASSISTANT ENGINEER	OF STEAM OR MOTOR VESSELS	NOT APPLICABLE
ORIGINAL		INSPECTED	Not Applicable	NOT APPLICABLE

Total: 1

08-JUN-2000

Mariner Transaction History Report

Daniel James Rhodes

SSN: ~~62-2-1001~~

Z Num:

Book Num:

<u>Transaction</u>	<u>Issue City</u>	<u>Issue State</u>	<u>Issue Date</u>
Supplemental	Seattle	WA	13-AUG-1992
Duplicate Disch	Seattle	WA	09-JUL-1993
Renewal	Seattle	WA	18-JUL-1997

Total: 3

End of Report

**CHIEF ENGINEER (RESPONDING)
M/V COLUMBIA**

SERIAL NUMBER

053512

ISSUE NO

-7-

UNITED STATES COAST GUARD



This is to certify that ***** ALAN FRANKLIN LEE *****
having been duly examined and found competent by the
undersigned, is licensed to serve as Chief Engineer of United
States ----- MOTOR ----- Vessels of any horsepower

ALSO, THIRD ASSISTANT ENGINEER OF STEAM VESSELS OF ANY HORSEPOWER -----

for the term of five years from this date.

Given under my hand this 20TH day of AUGUST, 19 99

EXPIRATION DATE: AUGUST 19, 2004

SEATTLE, WASHINGTON

By direction of

M. J. Mattie
M. J. MATTIE

Officer in Charge of Marine Inspection

83

Signature of Licensee

↓

SSN: [REDACTED] 7009

تاریخ و حاضریہ

~~CONFIDENTIAL~~ 3

~~CONFIDENTIAL~~



United States of America

ENDORSEMENT ATTESTING THE ISSUE OF A CERTIFICATE UNDER THE PROVISIONS OF THE INTERNATIONAL CONVENTION ON STANDARDS OF TRAINING, CERTIFICATION AND WATCHKEEPING FOR SEAFARERS, 1978

The Government of the United States of America certifies that Certificate No. 053512/ has been issued to ALAN FRANKLIN LEE, who has been found duly qualified in accordance with the provisions of regulation(s) III/2 VI of the above Convention, to serve the capacity or capacities listed below, subject to any limitations indicated.

This endorsement is not valid unless accompanied by a valid US Merchant Mariners' license or document. The lawful holder of this endorsement may serve in the following capacity or capacities specified.

CAPACITY	LIMITATIONS APPLYING (IF ANY)
CHIEF ENGINEER	NOT VALID IN HIPS IN WHICH STEAM BOILERS FORM PART OF MAIN PROPULSION SYSTEM.
ENGINEER IN CHARGE OF A WATCH OR DESIGNATED DUTY ENGINEER (THIRD ASSISTANT ENGINEER)	
PROFICIENT IN THE USE OF SURVIVAL CRAFT	
(THIS CERTIFICATE EXPIRES ON 31 JANUARY 2002)	

Date of issue of this endorsement: 20 AUGUST 1999

Port: SEATTLE, WASHINGTON

27 FEBRUARY 1951

Date of birth of the holder of the certificate

Alan Franklin Lee

Signature of the holder of the certificate

M. J. Mattie
Signature of duly authorized official

M. J. MATTIE, ACLD

Name of duly authorized official

DEPT OF TRANS. CG-5601 (9-95)

(Cut on dashed line!)

(Emboss Official Seal above this line.)

824

08-JUN-2000

License History Report

ALAN FRANKLIN LEE

SSN: ~~XXXXXXXX~~

Z Num:

Book No:

Issue #	Issue Date	Type	Horsepower	Tonnage
Issue City	Issue State	Grade	Propulsion	Water
Transaction	Suspension	Vessel	Tanker	Special
1 - 3	16-APR-1982	ENGINEER OFFICER	OF ANY HORSEPOWER	NOT APPLICABLE
SEATTLE	WA	THIRD ASSISTANT ENGINEER	STEAM	NOT APPLICABLE
ORIGINAL		INSPECTED	Not Applicable	NOT APPLICABLE
1 - 3	16-APR-1982	ENGINEER OFFICER	OF ANY HORSEPOWER	NOT APPLICABLE
SEATTLE	WA	FIRST ASSISTANT ENGINEER	MOTOR	NOT APPLICABLE
ORIGINAL		INSPECTED	Not Applicable	NOT APPLICABLE
2 - 4	13-APR-1987	ENGINEER OFFICER	OF ANY HORSEPOWER	NOT APPLICABLE
SEATTLE	WA	FIRST ASSISTANT ENGINEER	MOTOR	NOT APPLICABLE
RENEWAL		INSPECTED	Not Applicable	NOT APPLICABLE
1 - 5	25-MAY-1990	ENGINEER OFFICER	OF ANY HORSEPOWER	NOT APPLICABLE
SEATTLE	WA	CHIEF ENGINEER	MOTOR	NOT APPLICABLE
ORIGINAL		INSPECTED	Not Applicable	NOT APPLICABLE
1 - 5	25-MAY-1990	ENGINEER OFFICER	OF ANY HORSEPOWER	NOT APPLICABLE
SEATTLE	WA	THIRD ASSISTANT ENGINEER	STEAM	NOT APPLICABLE
ORIGINAL		INSPECTED	Not Applicable	NOT APPLICABLE
2 - 6	04-JAN-1995	ENGINEER OFFICER	OF ANY HORSEPOWER	NOT APPLICABLE
SEATTLE	WA	CHIEF ENGINEER	MOTOR	NOT APPLICABLE
RENEWAL		INSPECTED	Not Applicable	NOT APPLICABLE

86

08-JUN-2000

License History Report

ALAN FRANKLIN LEE

SSN: ~~555-555-5555~~

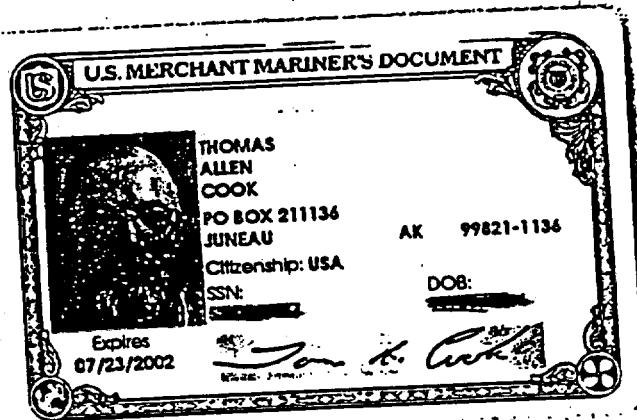
Z Num:

Book No:

Issue #	Issue Date	Type	Horsepower	Tonnage
Issue City	Issue State	Grade	Propulsion	Water
Transaction	Suspension	Vessel	Tanker	Special
2 - 6	04-JAN-1995	ENGINEER OFFICER	OF ANY HORSEPOWER	NOT APPLICABLE
SEATTLE	WA	THIRD ASSISTANT ENGINEER	STEAM	NOT APPLICABLE
RENEWAL		INSPECTED	Not Applicable	NOT APPLICABLE
- 7	20-AUG-1999	ENGINEER OFFICER	OF ANY HORSEPOWER	NOT APPLICABLE
SEATTLE	WA	CHIEF ENGINEER	MOTOR	NOT APPLICABLE
RENEWAL		NOT APPLICABLE	Not Applicable	NOT APPLICABLE
- 7	20-AUG-1999	ENGINEER OFFICER	OF ANY HORSEPOWER	NOT APPLICABLE
SEATTLE	WA	THIRD ASSISTANT ENGINEER	STEAM	NOT APPLICABLE
RENEWAL		NOT APPLICABLE	Not Applicable	NOT APPLICABLE

Total: 9

JR. ENGINEER (ON WATCH)
M/V COLUMBIA



SERIAL NUMBER

869030

ISSUE NUMBER

UNITED STATES COAST GUARD



10 U. S. MERCHANT MARINE OFFICER

This is hereby that *** THOMAS ALLEN COOK, ***

having been duly examined and found competent by the
undermentioned licensed persons, a MASTER OF STEAM OR MOTOR
VESSELS NOT MORE THAN 100 GROSS REGISTERED TONS (DOMESTIC TONNAGE)

UPON NEAR COASTAL WATERS.

"SEE REVERSE"

This license expires on the 12th day
of April, 2005

for the term of five years from this date.

Governor and Commander 12TH APRIL XX 2000
At Co. J. J.

JUNEAU, AK

Port

Officer in Charge of Marine Inspection

R. C. GROSS, BY DIRECTION



The Government of the United States of America certifies that Certificates No. 869030 & [REDACTED] have been issued to Thomas A. Cook, who has been found duly qualified in accordance with the provisions of regulation(s) II/3, II/6, III/4 & VI of the above Convention, to serve in the capacity or capacities listed below, subject to any limitations indicated.

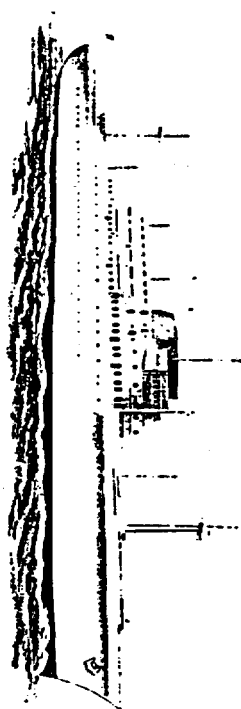
CAPACITY	LIMITATIONS APPLYING (IF ANY)
<p>Master</p> <p>Rating forming part of a navigational watch (Able Seaman - Special)</p> <p>Proficient in the use of survival craft (Lifeboatman)</p> <p>Rating forming part of an engine room watch (QMED - Oiler)</p>	<p>Valid for near coastal voyages only</p> <p>Limited to vessels of not more than 100 Gross Register Tons (Domestic Tonnage).</p>
THIS CERTIFICATE EXPIRES 31 JANUARY 2002.	

R. C. GROSS, BY DIRECTION

90

**CHIEF PURSUR (RESPONDING)
M/V COLUMBIA**

UNITED STATES COAST GUARD
77043



COMMERCIAL MARINE STAMP OFFICER

TO U.S. MERCHANT MARINE STAMP OFFICER

This is hereby that

*** MELISSA KAY WHEELER ***

having given satisfactory evidence that he is qualified to serve as
a staff officer on board of the U.S. Merchant Marine in the grade
of CHIEF PURSER has by

direction of the Commandant of the Coast Guard been registered
as such staff officer in accordance with the Act of August 1, 1939,
and the regulations issued thereunder.

Given under my hand this

25th

day

of JUNE 1999 of part of

ANCHORAGE, AK

PAUL J. HUBER, CWO3, USCG

By direction



United States of America

ENDORSEMENT ATTESTING THE ISSUE OF A CERTIFICATE UNDER THE PROVISIONS OF THE INTERNATIONAL CONVENTION ON STANDARDS OF TRAINING, CERTIFICATION AND WATCHKEEPING FOR SEAFARERS, 1978

The Government of the United States of America certifies that Certificate No. [REDACTED] has been issued to MELISSA KAY WHEELER, who has been found duly qualified in accordance with the provisions of regulation(s) VI of the above Convention, to serve in the capacity or capacities listed below, subject to any limitations indicated.

This endorsement is not valid unless accompanied by a valid US Merchant Mariners' license or document. The lawful holder of this endorsement may serve in the following capacity or capacities specified.

CAPACITY	LIMITATIONS APPLYING (IF ANY)
Proficient in the use of survival craft	"THIS CERTIFICATE EXPIRES ON JANUARY 31, 2002."

Date of issue of this endorsement: 24 AUG 1999

25 SEP 1961

Date of birth of the holder of the certificate

Signature of the holder of the certificate

Port: ANCHORAGE, AK

Signature of duly authorized official

PAUL J. HUBER, CWO3, USCG

Name of duly authorized official